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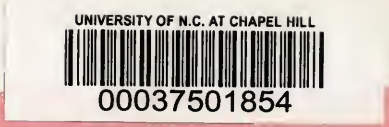
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Thirtieth Year. JANUARY, 1908. Vol. 58, No. 1

THE CAROLINA MEDICAL JOURNAL

CHARLOTTE, NORTH CAROLINA.

Published Monthly at $2.00 per Annum. W. H. WAKEFIELD, M. D., Managing Editor

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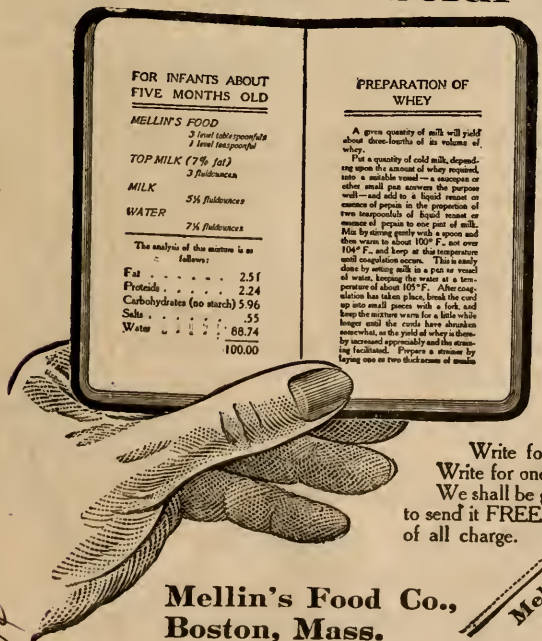
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3 level tablespoonfuls
1 level teaspoonful
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5½ fluidounces
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Put a quantity of cold milk, depending upon the amount of whey required, into a suitable vessel — a saucepan or other small pan answers the purpose well — and add to a liquid rennet or essence of pepsin in the proportion of two teaspoonfuls of liquid rennet or essence of pepsin to one pint of milk. Mix by stirring gently with a spoon and then warm to about 100° F., not over 104° F., and keep at that temperature until coagulation occurs. This is easily done by setting milk in a pan or vessel of water, keeping the water at a temperature of about 105° F. After coagulation has taken place, break the curd up into small pieces with a fork, and keep the mixture warm for a little while longer until the curds have shrunken somewhat, as the yield of whey is thereby increased appreciably and the straining facilitated. Prepare a strainer by laying one or two thicknesses of muslin

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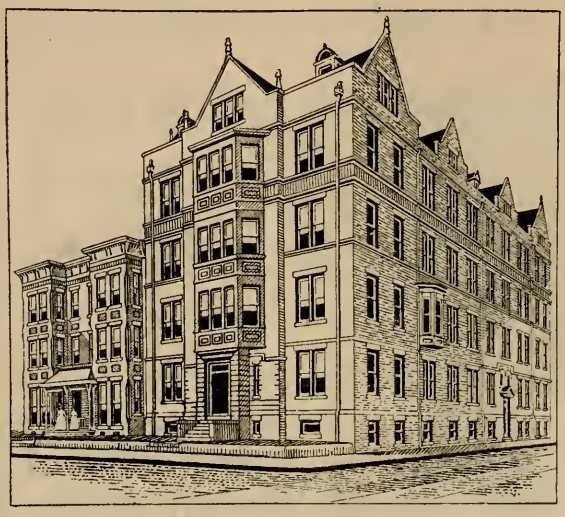

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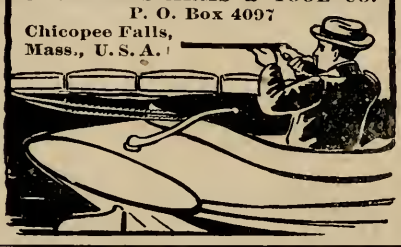

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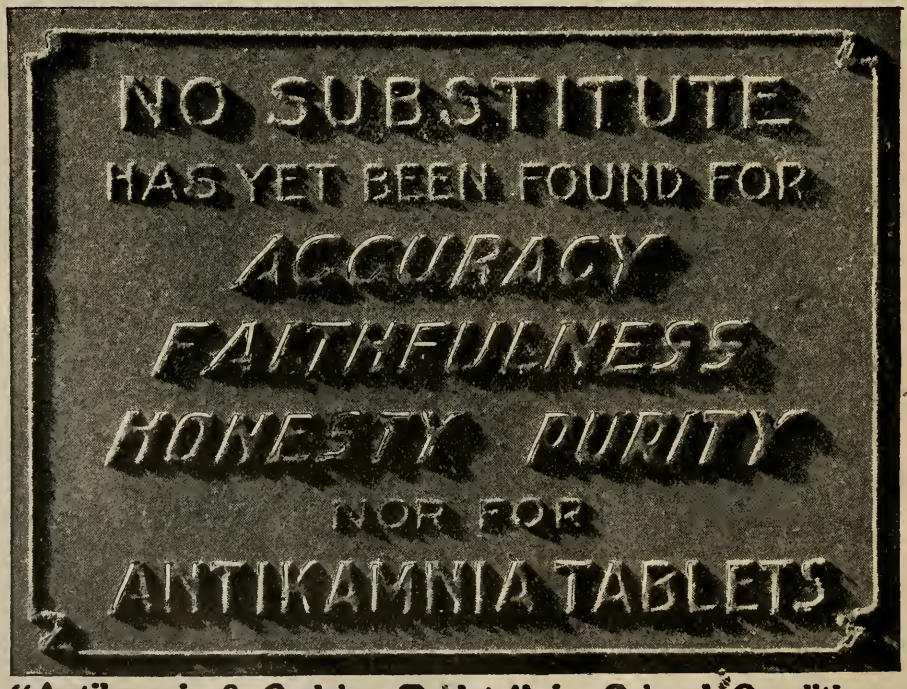

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The Carolina Medical Journal

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Original Communications

Division of the Fees.

By Dr. E. S. McKee, Cincinnati, Ohio.

An illustration is not an argument, but let me relate an incident bearing on the division of the fees. When I first commenced practice I opened an office on what was then the most popular square for medical men in the city. The letter carrier on his morning rounds would waken me from a night of undisturbed repose. I would rub my eyes, look across the street and see dozen's of people standing on the steps and sidewalk of the office of the late Dr. E. Williams, waiting for the office to open that they might get front seats in the waiting room. The rear end of the writer's house was near the juncture of Lodge and Gano alleys, then thickly populated with negroes. It is admitted that for a time I did more business through my back door than through my front door. One night there came an urgent call from Gano alley—"a lady was in great misery." I found a buxom young colored women bathed in tears and in blood. The tears were flowing from one side of her head, the blood from the other. After clipping the hair from the back of the head and turning it up, I found a cut across the occipital protuberance, which I proceeded to sew up. My work finished, a young man asked me my fee. He looked prosperous and happy, so I said three dollars, which, to my surprise, he at once paid. They then informed me that there was a wedding in progress, and that the young "lady" had two admirers, but, naturally, could marry but one of them at the time. This she was about to do when the discarded lover appeared on the scene and asked her to reconsider and marry him. She declined this, so he hit her with a loaded cane on the

aforesaid occipital protuberance and knocked her downstairs. They invited me to stay, which I did. After congratulating the bride and inwardly hoping that she would never experience such a beating from her husband, I made my excuses and departed. I was followed to my doorstep by the minister who performed the ceremony, who said: "Doctor, you rather got ahead of me; you got all the money they had." Flattered at my skill, while yet so young, to so exactly fit the fee to the ability of the patient to pay—a very scientific part of the practice of medicine, it being long before the discovery of the X-ray—I said: "Why, that is really too bad; I am very sorry," and proceeded to divide the fee with him giving him a dollar and a half. He thanked me profusely, and, before leaving, said that he was a corn doctor by day and a preacher by night and Sundays, and that if I ever needed anything in his line he would be happy to serve me. The Reverened Corn Doctor went to his reward before I ever had occasion to avail myself of his generous offer, but I have never regretted dividing the fee with my "accomplice."

This little affair occurred many years ago, but frequently since then, when treating the poor through long illnesses, young couples just getting started, widows with large families of growing children, ambitious youths, when the doctor bill gets beyond their ability to pay, as it often does, there came to mind a vision of the bleeding bride, the generous groom and the Reverned Corn Doctor, and I divided the bill with them—cut it in two—and, as it were, paid half of it myself.

The Doctor Should Educate the Public Along Sanitary Lines

By W. H. Wakefield, M. D., Charlotte, N. C.

Mr. President, and Members of the Mecklenburg County Medical Association:

At the meeting of our State Medical Association held at Morehead City last June, Dr. B. K. Hayes of Oxford read a paper, the title of which was "The Doctor as an Educator of the Public."

In the course of this paper Dr. Hayes quotes from a scientific article by E. W. Brewster, which appeared in the World's Work for April, 1907, as follows:

"There is no stranger paradox of science than this: That knowledge tends to begin with things far off, to end with the understanding of things familiar. The study of the stars of heaven is the oldest of the sciences; the study of the human mind is the youngest.

"Helium was discovered in the sun years before it was found on the earth. caronium is still known only there.

"We have been sucking in with every breath argon, neon, krpton, and xeon, the new found gases, with whose conquest chemistry enters a new realm.

"Radio activity turns out to be practically universal, while the successive transformation of the wizzard metal ends in lead.

"Gravitation is the single natural force that remains unexplained.

"What wonder then that life—the life that animates the grass of the field, the life that, without interruption, has been handed on from parent to offspring since the beginning of geologic history, the commencement of all things in nature—is the one thing which science is only now beginning to approach."

Dr. Hayes now says—"In like manner, we of the medical profession have devoted ourselves to the study of rare diseases and abstruse problems. We have mastered systems of therapy that would have caused our forefathers to stand aghast."

With no thought of personal gain we give to the public the benefit of our reasoning and of our research.

The intelligent layman reads in current literature of our most scientific advancement. These articles are not the product of ignorance nor of guess work, but are from the pens of the foremost specialists of our age.

A Pasteur discovers a treatment for hydrophobia and civic pride demands a Pasteur Institute.

A Behring discovers a treatment for diphtheria and within a year public opinion demands that we use it whether we believe in it or not.

A Koch announces a tubercular antitoxin and immediately the physician is denominated a "black number" who is not prepared to administer it.

A tryspin treatment for cancer, an "opsonic' treatment for the blood or a typhoid extract treatment for the glands is evolved, and we, by carefully prepared papers, by public addresses, by our conversation in the social circle or at the bedside render an eager public as familiar with these things as we ourselves.

In matters pertaining to the treatment of disease we are self-appointed educators, and every physician,

"Like Cato gives his little senate laws
and sits attentive to his own applause."

I am proud of my profession. I am proud that I can say of the men who expelled smallpox, yellow fever, hospital gangrene, and other messengers of death that they were my brethren. But, sirs, as educators of the public we have strained at a gnat and swallowed a camel."

We have gratified the desire on the part of our friends to hear some new thing. We have instructed the public in matters seemingly occult and mysterious. But in these things which affect men in their daily lives; in the thing of greatest importance to health; in the essential knowledge of simplest hygiene there is profound ignorance.

There are four simple words whose meaning and importance, if grasped by the public, would reduce to one-half the present death rate in North Carolina. They are "Ventilation, Exercise, Diet, Cheerfulness."

Dr. Hayes, continuing his most excellent paper said a good deal more that is profitable reading. This paper of Dr. Hayes' was published in the Oct. number of the Carolina Medical Journal, and at once called out "A Comment" by Dr. F. Julian Carroll of Summerville, S. C., which appears in the November issue of the same journal.

Dr. Carroll commends Dr. Hayes' paper and calls attention to the vast amount of "newspaper medicine" that is dished up to the public and swallowed as facts; and wound up his paper as follows:

"The remedy then is for the regular medical profession to take the public into its confidence. Tell the people of the things we know and tell them of the things we don't know—and why we don't. Let our societies appoint capable and well-informed medical men to deliver lectures on matters of medical and general interest under the auspices of the society. Let medical men write for the lay press, or better still, have a committee in each society whose duty shall be to take up and refute all dangerous or absurb claims advanced by the advertising quack or the misinformed lay writer. And then, and then only, we

will be in a position to be understood by the public."

I will now approach a subject that is close to us. You are all aware that our Grand Jury has twice called the attention of our City Fathers to conditions along Sugar Creek as it slowly meanders on its way to the Catawba, bearing on its limpid bosom the "aseptic" and fragrant contents of some of our city's sewers. Not infrequently this stream overflows its banks, spreading itself over the wide meadows, and forming thousands of pools, admirable breeding grounds for the anapholes.

The Grand Jury also calls attention to the old water works ponds and ponds in Dilworth, and asks that radical steps be taken to remove conditions that have become intolerable. This action of the Grand Jury has been called out by the epidemics of malaria fevers that, of late years have appeared in eastern and southeastern Charlotte, every year in May and remaining, but in ever increasing severity until long after frost. We know the cause to be mosquitoes, and it is well known that while these pests were comparitively scarce a few years ago, they appear every summer and fall now in such numbers that it is no longer possible to spend the evenings on the porch in any degree of comfort.

In view of these facts, viz: The mosquito and the malaria, I suggest that the president of this society appoint three members who shall constitute a "Committee of Public Education," and who shall investigate conditions along Sugar Creek, or Town Creek, and inspect the banks of the old water works ponds and embody their report in the form of a paper which shall be read before this society, with the view of having the same published in our city and county papers, and I would suggest that the life history of the mosquito be given, and illustrations showing the difference between the merely annoying insect and anapholes, together with the appearance of the eggs and larva of each. In this way we can educate the people and elicit their aid which will be a necessity before much can be accomplished along the line of prevention.

I will say in this connection that the Carolina Medical Journal would like to publish the committee's report and if permitted to do so before the newspapers, it will provide, free of cost, the necessary electroplates of the mosquitoes, etc.

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*Read before Mecklenburg County Medical Society Tuesday, Dec. 17th, 1907.

Following the reading of this paper and its discussion the society instructed the president to appoint "A Public Health Committee" whose duties are to include investigation of all matters relating to the health of the city of Charlotte and Mecklenburg County, and in the matter of malaria to render its report in suitable form for publication if, after hearing the report, it may be deemed wise to publish it.

Treatment of Hypertrophy of the Faucial and Pharyngeal Tonsils.

By E. B. Gleason, M. D., LL. D., Clinical Professor of Otology in the Medico-Chirurgical College, Otologist to the Medico-Chirurgical Hospital, etc.

The tonsils are a part of an irregular ring of adenoid tissue surrounding the pharynx and continuous with the general lymphatic system. There are seven tonsils; the faucial, the tubal, the pharyngeal, and the lingual. The faucial tonsils are situated one on each side of the fauces between the anterior and posterior pillars of the fauces. The

lingual tonsils are situated at the base of the tongue, the tubal tonsils at the pharyngeal Eustachian orifices, and the pharyngeal tonsil in the vault of the pharynx posterior to the nasal orifices. Any of these tonsils when hypertrophied may cause annoying symptoms.

Mechanically, the lingual tonsil is most apt to prove troublesome as the result of hypertrophy after middle life if at all, while hypertrophy of the faucial and pharyngeal tonsils are usually diseases of childhood.

The functions of the tonsils are similar to those of other lymphatic system glands. As a part of the hæmopoietic system they form young leucocytes, most of which pass into the circulation, but some escape into the free mucous surface, where they may exercise a phagocytic action. They also excite old leucocytes, which probably carry off with them effete products.

The tonsils are most active during youth, while the thymus, a large blood-forming gland, is atrophying. There is considerable difference of opinion as to the phagocytic action of the tonsils, some authorities claiming that they are not even able to protect themeslves, and that the tonsils constitute a weak part of the throat and expose the system to the inroads of diphtheria tuberculosis, syphilis, and other disease.

In evidence of the difference in the behavior of tonsillar epithelium toward dust and bacteria, Jonathan Wright dusted carmine over the tonsil. Fifteen minutes later all the particles of carmine had passed the epithelium into deeper layers and could be detected in sections under the microscope; while bacteria, situated at the exact point where the carmine entered, remained quiescent and unabsorbed.

Adenoid vegetations or hypertrophy of the pharyngeal tonsil is an overgrowth of the normal adenoid tissue of the pharyngeal vault. The affection is often associated with hypertrophy of the faucial tonsils, and generally commences in childhood, but may be met with in patients of any age.

Symptoms.—If the adenoid vegetations are at all large, they block up the posterior nares and compel mouth-breathing, the pinched nostrils and half-open mouth giving the face a vacant and well-nigh idiotic expression, which ordinarily disappears as soon as nasal respiration is re-established. However, if mouth-breathing be continued into adult life permanent deformity of the bones of the face and even of the chest sometimes results. Breathing is audible, even during the day, and there is always loud snoring during sleep. The voice is toneless, articulation is indistinct, and the hearing is often more or less impaired.

Treatment. — Adenoid vegetations tend to no longer obstruct nasal respiration as the individual passes into adult age and the nose and naso-pharynx grow larger, but may, in the meantime, have produced irreparable injury to the ears, have altered the shape of the bones of the face and even of the chest. However, the fact that there is a tendency for nasal respiration to improve as the child grows older, and that obstruction resulting from thick, tenancious mucus in the chronic nasal catarrhs of childhood and that acute inflammation and swelling of the third tonsil are frequently mistaken for adenoids, should be borne in mind as matters of considerable importance in diagnosis and treatment.

Cases in which there is good nasal respiration after the nose and naso-pharynx have been cleansed of mucus are not benefitted by the removal of a portion of the third tonsil. Cases in which there is only occasional obstruction to nasal respiration from swelling

of the third tonsil as the result of a coryza, where there is no history of frequent attacks of otalgia, are better not operated on. In both classes of cases any abnormality of the third tonsil that may be present is resultant rather than causative of a catarrhal condition of the nasal and pharyngeal mucous membrane, and if the third tonsil is removed there is usually a complaint from the parents that the child is no better after the operation than before. In striking contrast to such complaints, unfortunately somewhat numerous, the writer has had a number of cases where he has refused to operate when a diagnosis of "adenoids" had already been made and the child actually referred to him for operation. These cases got rid of all symptoms of hypertrophied third tonsil by appropriate treatment, and were evidently none the worse for their third tonsil or "adenoids" not having been mutilated.

There is probably much unnecessary operating for adenoids done at the present time, and we might well take a lesson in moderation in this respect from the experience of London as related by Sir Felix Semon. He states that although Wilhelm Meyer's paper on adenoid growths was read before the Royal Medical and Chirurgical Society in 1870, for nearly two decades the subject attracted but little interest and the operation was done by only a few surgeons, who were sometimes the subject of unkind remarks about having invented a new disease; but gradually these detractors were silenced or changed into enthusiastic advocates, so that about 1890 the removal of adenoids became "the rage of the day," and ultimately it seemed as if every child required an operation for adenoids. 'Have your children already been "done"?' was—and in some places even now is—the elegant question put by one anxious mother to another at fashionable afternoon teas. When a child caught a little cold, and snored for a night or two, the mother and governess themselves diagnosed adenoids, or, as they preferentially called them, 'aneroids.' When a boy brought home a bad report from school, the cause must have been adenoids; when a child suffered from asthma, stammering, enuresis, epilepsy, largygeal papillomata and what not—adenoids again! In fact 'when in doubt, say adenoids,' appeared to become a maxim of contemporaneous pediatrics!"

However, this extreme popularity of the operation was short-lived, for it was rumored among the laity that adenoids, when removed, always returned and "soon afterward sinister rumors spread as to fatal results which had in various instances attended the operation. They at first received little credence, but when, in 1896, statistics were published showing that between the commencement of 1893 and April, 1895, no fewer than eleven deaths had been actually reported in England alone as having occurred in operations under chloroform for adenoids and tonsils, general alarm was felt." . . . "Thus everything gradually combined to damage the prestige of the operation—wholesale performances in cases in which, to say the least, it was not needed; faulty, or at least extremely hypothetical, indications; in but too many instances, technirally insufficient execution; a dread of chloroform as an anæthetic during its performance; and a widespread reputation of recurrences. The natural result of all this was bitter disappointment on the part of many parents who had reluctantly given their consent to the operation on the strength of glowing promises concerning improvement in the general health, and disappearance of all possible troublesome symptoms in remote parts of the child's body which

would certainly follow its performance and who saw none of these promises realized.

"But already previous to its appearance the unavoidable reaction had occurred in the profession itself. Mr. Arbuthnot Lane took up the cudgels against the massacre of the innocents in two papers published in 1896 and 1899. In the first he declared that operative procedures were, in his opinion and experience, 'quite unnecessary,' and that 'systematic ventilation of the lungs and naso-pharynx provided us with a means not only of applying to the naso-pharynx such force as is exerted by air being forcibly drawn through it, but by oxygenating the blod more fully and removing more thoroughly the carbonic acid,' etc. All these desirable results were to be obtained by systematic ,breathing exercise,' in poorer cases a printed slip being given to parents containing the following simple instructions: 'Put the child on its back three times a day for half an hour at a time, and make it breathe in and out as deeply as possible through the nose, the mouth being kept shut.' "

So for a time "breathing exercises" were a popular treatment for adenoids, with the result that it was demonstrated that adenoid operations had very frequently been done unnecessarily in cases easily curable by simple methods of treatment; but that where there was sufficient hypertrophy of the pharyngeal tonsil to seriously interefere with nasal respiration, neither breathing exercises nor any other form of treatment except operation was adequate.

In children, when the growth is not large, applications of an iodine solution should be made by the surgeon two or three times a week, the parents in the meantime cleansing the nose night and morning with the spray from an atomizer containing an alkaline wash and afterward placing in each of the child's nostrils a mass of gallic acid ointment the size of a pea. The child should then lie on its back for a few moments, until the ointment melts and runs into the naso-pharynx. The gallic acid ointment should be of the strength of 5 to 10 grains to 1 ounce of vaseline, according to the age of the child.

However, the only treatment adequate, when the hypertrophy is considerable, is a thorough removal of the mass by surgical procedures. In adults, the post-nasal curetting forceps may be used, the operator being careful to begin operating in the median line, and working from it in each direction until the entire mass is cut and torn away from its attachment, at the same time being exceedingly careful not to wound the orifices of the Eustachian tubes.

In children, or in adults in whom the pharyngeal tonsil is still comparatively soft, Gottstein's curette is a most efficient instrument. Young children should be seated in the lap of a nurse upon a piano stool opposite the operator, in the same manner as for an ordinary examination of the nose and pharynx. The nurse passes her arms beneath those of the child and places her hands, one on each side of the child's forehead, in such a manner as to control the movements of the head. The nurse then elevates her elbows so as to bring the child's arms into such a position that it is impossible for the child to reach its mouth with its hands. The curette is now passed behind the palate, and the handle of the instrument depressed until the outer edge of the ring is felt to rest against the septum. By sweeping the ring upward, backward, and downward against the pharyngeal wall the growth is brought within the curette and is severed from its attachment. Without removing the instrument from the mouth the manœuver is

quickly repeated at each side of the median line, in order to be certain that the major portion of the growth has been removed. The operation should be performed quickly, but with gentleness, little force being required to sever the growth from its attachment.

The nurse then releases the child's head, and the operator passes his left arm around the child's head and thrusts his forefinger hard against the child's cheek, in such a manner that the cheek protrudes between the child's open jaws so as to form a most efficient mouth-gag. The operator then quickly passes the forefinger of his right hand behind the child's palate until the posterior edge of the septum is felt. The posterior nares, Rosenmuller's fossæ, and the vault of the pharynx are inspected, as it were, by the sense of touch. If any shreds of the growth remain they are removed with the finger-nail, scraping them from below, upward, and forward. Before removing his finger the operator should spare no pains to assure himself by the sense of touch not only that nothing remains to obstruct nasal respiration, but that Rosenmuller's fossa are freed from any mass likely to interfere with the blood-supply of the Eustachian tubes. However, it should be borne in mind that the third tonsil is normal to the naso-pharynx, and that it is neither necessary nor desirable to remove the whole of the adenoid tissue, but simply that portion which intereferes with nasal respiration and the functions of the Eustachian tubes. In very young children the parts of the growth removed by the curette are either swallowed, expectorated, or blown through the nose. The hemorrhage following the operation is generally trifling and the after-treatment consists simply in keeping the parts clean with an antiseptic wash.

When a general anæsthetic is employed it should be ether and not chloroform, because in this condition, the so-called "habitus lymphaticus" of Kalisko, chloroform is especially dangerous, somewhat numerous deaths having been reported. The ether should not be pushed to complete abolition of the reflexes as even when only partially etherized the patient will probably become momentarily blue from partial asphyxia caused by the quantity of blod that generally enters the larynx.

During the operation the patient's head should be turned to one side or allowed to hang downward over the edge of the table in order to favor the escape of blood from the mouth and nose.

Ether is rarely if ever necessary to secure an adequate removal of the hypertrophy. However, the major portion of successful operators prefer to operate under ether anæsthesia, stating that the operation then can be done more deliberately, and there is less danger of failure to remove all portions of the hypertrophy that are pathologic. The curetting should not be so radical as to expose the fibrous tissue overlying the vertebræ or expose or tear loose the upper border of the superior constrictor of the pharynx. While operating with the forceps the surgeon should be careful not to grasp and tear away the posterior portion of the septum or the mucous membrane below the adenoids and muscular tissue from the superior constrictor nor a part of the soft palate, as has occurred at the hands of experienced operators in their efforts to do a "thorough" operation. Douglass states (Nasal Surgery, p. 237) of the operation under ether: "The danger of inspiring bits of tissue and blood is considerable, and a tracheotomy tube should always be at hand. Clots and bits of tissue drawn into the bronchi may set up septic inflammation, septic

pneumonia, or gangrene of the lung. This may be prevented by allowing the head to hang over the edge of the table, though this position increases the bleeding to such an extent that it is of doubtful use. In case clots of blood are inhaled, it is necessary to stop operating immediately and clear the larynx. This is done by the method known as stripping the larynx. . . . In case this is not immediately successful, the patient should be raised by the heels, the head pendant, and jolted, while at the same time an assistant strips the larynx. If this fails, tracheotomy should be performed."

In comparison, the curette operation, as described above, without an anæsthetic, is so safe and usually so free from accidents that the writer much prefers to operate in this manner. If his own child were to be operated he would not care to take the risk of an ether operation, even though, as is practically always the case, etherization is more or less of a pretense, but few operators caring to take the risk of operating under complete anæsthesia.

The claim that the operation can be done more deliberately, and hence more thoroughly, under general anæsthesia than without is specious. Without a general anæsthetic an operator always can take time to satisfy himself that a sufficient bulk of the offending adenoid was removed before desisting from his efforts. However, should this not prove to be the case, the operation with the curette is so simple and painless that there is no objection to repeating it; that is, removing more of the growth on a subsequent occasion, although the writer does not recall having been obliged to do so after an operation without general anæsthesia, and had had no cases in which the adenoids have "grown again."

The faucial and lingual tonsils are most frequently amputated either to get rid of diseased crypts with retained cholesteatomatous masses, the most common cause of recurrent peritonsillar abscess, or simply to reduce redundant bulk.

The removal of the entire tonsillar gland simply because its crypts are diseased, seems a most illogical procedure and bad surgery unless there is no known method that is adequate to bring about a cure of the disease.

In the experience of the writer, dissecting the tonsils loose from the pillars in order to destroy any pouches that may exist there, syringing the crypts and applications of iodine solution or protargol, or laying them wide open with the galvano-cautery, have yielded satisfactory results as far as preventing recurrent attacks of peritonsilitis is concerned.

It is worthy of note in connection with the use of the galvano-cautery, that patients complain very little of the application of the glowing wire to the tonsils; but if by mischance another portion of the fauces is touched, the complaint is somewhat bitter. It seems probable that the adenoid tissues of the pharynx possess little sensibility, and that cutting operations with a sharp knife are comparatively painless and that the suffering caused by such procedures is probably less than the administration of ether.

A word of caution may be inserted here as to the removal of hypertrophied tonsils in the case of professional singers. An actress told the writer that her stage career as a singer was ruined by the removal of hypertrophied tonsils. Her singing voice was never the same afterward. Other laryngologists have heard similar complaints. When one considers the physiology of voice production, it is readily understood how a sudden increase in the size of so im-

portant a resonant cavity as the pharynx might produce such a disastrous result.

The writer's experience in the amputation of tonsils is confined to the use of the tonsillotome, the cold and hot snare, and the tonsil punch. The objection to the galvano-cautery snare is the ugly burns that it leaves in the fauces, which often are somewhat slow in heating. The use of the cold wire is painful and its use is hardly justifiable except under ether. When a general anæsthetic is administered, the cold wire snare is the preferable instrument.

However, for ordinary purposes, especially in children, when the tonsils are soft, the tonsillotome will probably long remain the preferable instrument for ordinary cases. When the operator avoids pulling on the instrument before the tonsils are completely severed, the pain is apparently trifling. At one of the writer's clinics four cases, one after the other, were operated on, and none of these children complained of pain. At another clinic last year the readiness with which a ten-year-old boy submitted to the removal of the remaining tonsil, caused laughter and applause on the part of the students, in which the patient joined. Apparently the operation is less disagreeable, for the reason stated above, than the administration of ether, although as far as the administration of ether is concerned for the removal of either adenoids or the tonsils, the preference will probably be largely a matter of personal preference on the part of operator or patient.

Note—The question of operation for enlarged tonsils and adenoids is one that comes up in many families. My experience has taught me that not every case having enlarged tonsils and adenoids needs operative treatment, although many practise otherwise, and I was about to write a paper on the subject when I read the following paper in the Medical Bulletin, and as I agree with Prof. Gleason in practically all of his statements, and as he has written a much better paper than I could, and as a protest from him will carry more weight than one from me, I present it to our readers with the hope that all will read it.—W. H. W.

Blood Pressure.

By J. Garnett Nelson, M. D., Richmond, Va., Instructor in Practice of Medicine, University College of Medicine.

In the beginning of this paper I must state that it is my purpose to try and make it of some practical value. The only way that I can accomplish this is by collecting in a more or less systematic and abbreviated form certain long established facts, as well as more recent scientific and clinical observations. I believe that work of this sort can be made of much value, for though it may contain absolutely no original investigations nor wise conclusions, it may save some busy man a great deal of unnecessary reading. So, then, I am taking the results of the work of other men without stopping to give them credit further than this general statement.

There are three factors essential to the maintenance of a normal blood pressure, namely, a proper force of heart beat, a rate of heart beat and a proper peripheral resistance. The effect of variations of these factors may be stated in several definite laws:

1. The blood pressure must vary with the rate of the heart if the heart strength and peripheral resistance remain constant.

2. The blood pressure must vary with the strength of the heart if the heart rate and peripheral resistance remain constant.

3. The blood pressure must vary with

the peripheral resistance if the heart strength and heart rate remain constant.

4. The pressure may be normal if one or two factors increase, while one or two decrease.

5. If all three factors increase we must have a proportionate increase in the blood pressure.

6. If all decrease we must have a proportionate decrease in pressure.

7. All three factors are controlled by the nervous system.

There is but one way of accurately appreciating blood pressure, that is by a correct use of the syphygmomanometer. The sense of touch, no matter how well trained, is not entirely reliable. This is readily understood when we consider the confusing varieties in the rate and force of the heart beat as well as the variable size, fulness, hardness, and seat of the radial artery, the one commonly used when feeling the pulse. For example, palpating a large, hard, superficial vessel when the pulse rate is rapid and the heart strength increased, will give the impression of high tension, whereas it may be actually low. Such conditions are not uncommon in thin patients with sclerosis and aortic insufficiency. Consequently, the careful clinician is compelled to rely upon his sphygmomanometer to assist him in making diagnosis, as well as in giving orders for treatment.

I may mention just here that hypertension does not of itself call for the administration of one or more drugs. There is no fixed law that upon its recognition, we must give vasodilators or cardiac depressents any more than there is a law that upon finding a cardiac murmur we must give a heart tonic or stimulant. Accompanying conditions, whether etiological or consequent must be considered, so also the usual tension of the patient. This latter will never be properly appreciated until we form the habit of recording the tension of every patient, no matter how simple or serious may be the condition for which he comes to us.

Aside from this constant indication for pressure records there are a number of conditions in which it is especially helpful.

In prolonged fevers, such as typhoid, the tension should be observed, maintained at about normal. In typhoid, pressure records are valuable also on account of the fact that perforation and especially hemorrhage reveal themselves by causing a marked fall in tension.

In suspected tuberculosis, a persisted low record is a point of much diagnostic importance.

In pregnancy, especially the latter stages, and after labor, the tension should be observed, a fall indicating hemorrhage, and a rise pointing to ureamia, and allowing treatment to be instituted before any ureamia symptoms appear.

In injuries to the head, or apoplexy where there may be intracranial hemorrhage, we can for purpose of diagnosis make use of the fact that sudden increase of pressure within the cranium is accompanied by a general rise of blood pressure. Here, however, we must not forget that the rise in pressure may be compensatory, an effort on the part of nature to prevent cerebral anaemia. On account of this fact, great care must be used in handling these cases, and much judgment exercised in determining whether or not an effort may be made to lower the general pressure by bleeding or any of the usual methods.

In speaking of apoplexy, attention should be called to the fact that it is at

times extremely hard to differentiate between apoplexy and alcoholic intoxication. The use of the sphygmomenometer gives us one more differential point, for in apoplexy the tension is abnormally high and in drunkenness it is abnormally low.

The relation of pulse tension to kidney disease deserves more attention then be given it in this paper. I may mention, however, that we must recognize that high tension accompanying kidney disease is not always secondary, but, on the other hand, may be the one direct causative factor of the renal lesion. A persistent, primary, high tension ,is a frequent etiological factor in three pathological conditions especially, namely, heart disease, arterio-sclerosis, and kidney disease. So well recognized is this fact now that the insurance companies are coming to the belief that blood pressure records should be required with every examination. Some of them now require these records under some circumstances, and where persistent high tension is found with absolutely nothing else abnormal, refuse insurance or allow only a modified form. A medical director of one of the largest companies in the world said recently that he would rather have a tension record than a urinalysis.

We must not, however, think that in every case high tension accompanying kidney disease must be combatted with vaso-dilator, for, as in cerebral hemorrhage, so here, the rapid tension may be compensatory—an effort on nature's part to speed the current of blood delayed by the pathological changes in the kidney. Often attention to occupation, hygiene, diet, and elimination are all that is necessary.

Another instance in which careful attention to the tension should be paid, is in surgical work. It seems to be true that the only scientific index at hand for recognizing approaching shock or collapse is a sphygmomenometric record. It has been pretty clearly proven that the essential causative factor here is paralysis of the vaso-motor centre with consequent fall in blood pressure. By our tension chart, more promptly and more surely than in any other way the surgeon can be warned of approaching danger.

So much, then, for tension records as a means of diagnosis.

The treatment must be discussed under two heads: 1st—That of abnormally high tension. 2nd—That of abnormally low tension.

The means of lowering the tension are avoidance of mental anxiety and worry, attention to hygiene, the consumption of easily digested non-stimulating foods, the use of purgatives, bleeding and certain drugs. Of these, the most important are the nitrites. This group of drugs lowers tension by depressing the vaso-motor centre, though they may increase the heart's action by inhibition of the vagus.

Iodide of potash is an excellent drug where prolonged treatment is necessary, as in nephritis, sclerosis, or failing compensation with high tension. The bromides are useful, lowering the tension and making the heart's action slower and weaker.

There are certain other drugs less commonly applicable, especially to be mentioned being aconite, veratrum, phytolacca, curare, grindelia, aspidosperma and hydrocyanic acid.

The means of raising the pressure are by the use of external heat. bandaging the extremities; Criles pneumatic suit; placing the body in certain positions, their order of value being the head down, supine, right lateral, left lateral, sitting, and standing, and by the use of drugs. Adrenalin is the most powerful of all drugs or preparations at our disposal. By its use the pressure can be raised almost at will, but it must be administered almost continuously.

Digitalis slows and strengthens the pulse, stimulating the cardiac ganglia and muscle, and raises the tension by stimulating the vaso-motor centre in the medulla, and the ganglia in the muscular coats of the vessels.

Strophanthus has a similar action on the heart, but does not contract the arteries, only slightly raising the tension. However, the glucoside strophanthin acts much more promptly than any digitalis preparation.

Strychnine increases the force and frequency of the heart by acting on the heart muscle; and raises the pressure by stimulating the vaso-motor centre.

Scoparius, of which we commonly use the extraction sparteine, stimulates the heart more rapidly than digitalis, raising the pressure, though it does not contract the arteries. Sparteine sulphate and strophanthin deserve far greater popularity than prevails.

Ergot raises the pressure rendering the pulse slower and smaller, probably acting on the vaso-motor centre.

Cocaine, cactus, and caffeine increase the force and frequency of the heart, and raise pressure, so also ammonia. Convalleria acts like digitalis, but is less powerful. Morphine is indicated perhaps in shock where the stimuli of repeated pain have exhausted the vaso-motor center.

In conclusion, I wish to venture an opinion as to the propriety of using strychnine, and digitalis in surgical, or traumatic shock. Crile states that it is as reasonable to treat traumatic shock with strychnine as it would be to treat strychnine poisoning with trauma; that the shock is due to exhaustion of the vaso-motor center, and that strychnin merely sends further stimuli to the centre, increasing the exhaustion. On the other hand, Cook and others state that they have seen apparently hopeless cases of surgical and hemorrhagic shock resuscitated by large doses of strychnin and digitalis. And, indeed, Crile in an earlier work stated that the most effective treatment in these condition was small doses of strychnin frequently repeated, together with saline solution. To my mind the question boils down to the fact that there are a number of apparently hopeless cases recorded as saved by competent observers; and to the present time there is no way of knowing which can and which cannot. For this reason I personally would surely give strychnin a trial.

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*Read before the Richmond Academy of Medicine and Surgery April 9, 1907.

Selected Papers.

The Physician as an Educator.

By S. A. Mereness, M. D., Oneonta, N. Y.

Somewhat unusual and perhaps uninteresting may be the theme on which I shall address you briefly. The physician as an educator.

It is not at all unusual for physicians, in foreign lands at least, to occupy high public positions in many of the diverse realms of intellectual effort and attainment. Very often are they chosen as teachers of things other than theoretical and practical medicine, and they usually fulfill their duties with credit to themselves and approval of the public. It should be thus, since there is probably no other profession which in its ideal attainment demands better mental and physical organization, together with the qualities of heart and of conscience of which the "still small voice' is heard ever and anon.

A noble profession, indeed, and one entirely unsuited to the accomplishment of personal gain and selfish ambition. I repeat, in its ideal attainment, the demands are greater than in any other profession.

We cannot reach the goal of our ideals. Nature has endowed us with capabilities of progress, but not finality; and it is well, otherwise there could be no evolution of the individual or society. How far short of our ideals we stop is for each to determine as to himself, but not for others. As a profession we have progressed. The history of the advancement of medicine and the physical and natural sciences, on which the theories and practice are based, during the last half century, is nothing short of marvelous. So great, indeed, that few care to undertake to trace its history fully and accurately; to say nothing of the utter impossibility for one individual to accomplish such a task. The salient points of all mediæval, together with unknown centuries of ancient scientific history, could be presented in a volume not large enough to encompass the rim of scientific progress during the past two or three generations; and yet the physician and scientist of to-day is the result of all this advancement, even if, as is too often the case, he is oblivious of the history of his profession.

As much however, as this might appeal to one's satisfaction and egotism, this feeling can be only transient since for every "Eureka" there has opened up new methods untried, new problems unsolved, until in despair we say, as did the grand old Philosopher, we only know that we know nothing. Stars of the fifth magnitude visible to the unaided, undimmed human eye; to the tenth or twelfth with moderate power telescopes; to the sixteenth or twentieth with the latest wonders of optical art, and still they come; so in science every demonstrated truth as a beginning has factors which spread out perhaps even as the square of intellectual distance increases, if we might be permitted to make such an unusual comparison.

All this simply to show our debt to the past and possibilities of the future. What has been accomplished has required untold millions of hours of unselfish, intelligent effort given for the satisfaction of seeking the truth, and

having found it, to proclaim it for the good of future generations, that they might be wiser, healthier and more efficient; and that they may, after their mite has been added, pass it still further on toward the goal of universal competency and happiness, to fulfill the destiny of mankind which the great Creator alone knows.

What has all this to do with the practice of medicine, one may well ask. The common practitioner with his bread-winning necessities, the cares and discouragements which are heavy and inseparable from his daily labor; often selfish competition from within the profession and few recommendations and small remuneration from without; all this, we may concede, is not a bed of roses for one striving for ideals. Still, gentlemen, to me there is nothing in the practice of medicine more discouraging than the fact that, apart from the knowledge we may impart, for the good of future generations, our work, in its last analysis, largely comes to naught. Grant that, by our advice and ministrations, a life has been saved or prolonged. What then? If the life is a valuable one; if without it nature and humanity would have suffered loss, then we have done well, but if that life would have been neutral, or productive of actual harm to society, then you may draw your own conclusions as to the worth of those services.

Again, we bring about a cessation of pain and suffering, and sorrow.

It is a noble thing indeed to benefit our fellowman. I do not in the least disparage the services, but in the end all comes to naught like the house founded on the sands.

Modern industrial efforts are based almost without exception largely for future use. The father and mother of a family labor assidiously, and often suffer great deprivation that the coming generation may be more capable and suffer less. The modern railroad engineer advises bridges of iron and strongest concrete, our public buildings are built for future generations, as well as for the present.

Educators strive not only to have pupils learn facts, but especially to instil in them a desire for future advancement toward a higher culture and civilization. This is true even in governmental policies, in the construction of water ways, overcoming appalling natural obstacles with much present human suffering and unusually large mortalities.

Even the great life insurance companies are said by the managing boards to be looking toward the future general welfare, although in this case it is doubtful if they forget to benefit themselves. Be this as it may, it may be granted that a large part of the energy of every commonwealth is expended for future generations.

So far as I know, the medical profession is the only one of which it is true that the more efficient it becomes the less it has to do, and consequently in the end if a state of universal bodily and mental health could be secured, there would be no longer need for the practice of physic.

But even then there must be maintained the knowledge of how to remain well, and the service of the physician would be still desired but as an educa-

tor to the young, an adviser to the mature, and as a comforter to the aged and suffering. Yes, we shall have no lack of occupation in that far off day when diseases are prevented rather than cured, and pain and suffering cease instead of being endured.

It should be our ideal to impart knowledge to others in our profession. If we learn from the unselfish efforts of our teachers it is no less our duty to impart this information to others if they wish it. And our teaching should be frank and represent the truth as we know it. The medical man who withholds knowledge from his fellow that might be of service to the community is not only a charlatan but an offender against society. If we are brought in contact with men superior in attainments, we should strive to reach their level, and if by opportunity or otherwise one has more ability than another, he should lend a helping hand, and gladly. As to this we are probably agreed, but what about the physician as a public educator?

Founded with theology long ages ago in mysticism, when the medicine man did all by operating on the fears and desires, based on superstition, medicine has still to combat this practice. To my mind not all the public evils together pertaining to health and sickness can fill the measure that holds the one great obstacle to rational medicine, viz., superstition.

It may be a relic of the ancient medical man priest, with his fetichs and incantations, and it has lost its primitive meaning, but the essence still remains.

This makes all the medical fakes and fakirs possible, and causes a consumption of nostrums and pharmaceuticals sufficient to keep alive continually a small river.

As physicians we should try and adopt the old maxim of "know thyself" and keep ourselves ever looking toward cause and effect, and scientific rationalism, leaving as far as possible mere beliefs to the spirit world, where we should obtain from them much comfort and good.

In the meantime in the daily routine of practical life we should keep alive to the desirability of eradicating unnecessary fears and irrational beliefs alone with disease, and especially to instil in the minds of children respect for custom and tradition, but teaching them not to look with superstitious fear on the things which cannot be explained.

What a world of opportunities to the physician as an educator. Not only as to physical development, hygiene, diet, occupation and proper intervals of rest and pleasure, but also as to the inheritance and contracting of disease.

Not less important is the advice and teaching on the mental side; the discouragement of things vile and criminal, of bad associations, and the misfortune of being mentally idle. To others, to inspire hopefulness and the feeling that things are worth while; to be patient and free from unnatural suspense and

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*President's address read before the 101st Annual Meeting of the Ostego County Medical Society, Oneonta, N. Y., December 11, 1906.

fear; to instil in the minds of the young that a useful life is God-given, while a useless one brings unhappiness and often disaster; not to be exalted with unworthy ambitions, and to shun unbounded luxury as the evil one—philosophical things of this nature might be continued at length, all of which you fully realize.

No objection should be made to a physician educating the public as to their welfare if the motives are good and unselfish.

Some of the best medical minds of our time have been zealous public educators. One has only to mention the great Virchow, whose efforts during a full life were to enlighten public opinion on every proper occasion, and to the popular writings of Charcot, that prince of modern clinicians, to say nothing of our kinsman, Thomas Huxley, to whom more than any other one the public and profession owe a debt of gratitude for his able exposition of methods of thought in scientific training.

In conclusion, let me suggest that no more satisfactory method of acquiring and imparting knowledge in our profession can obtain than the frequent meetings of bodies such as is represented by our various societies, provided there is a general interest manifested, and an unselfish willingness for each one to add his knowledge and experience to that of others.

Gentlemen, let us strive to be worthy of our predecessors in the profession and make those to come still more worthy.—*State Journal of Medicine.*

The Prison Cemetery.

This remarkable poem was written by an ex-convict who had spent several years of his life behind the prison walls of Sing Sing, N. Y.

There's an upland field by the Hudson stream,
Where the grass grows rank and tall;
A place of dread to childish hearts,
When evening shadows fall.
The laugh grows mute, voice is hushed;
It is passed with quickened tread—
That little spot on God's green earth
Where lie the convict dead.

How many lives that promised fair
In boyhood's early time
Lie stranded here, poor battered hulks,
On the wrecked-strewn shores of crime.
But those little mounds that dot the earth,
And the grass that over them grows,
May cover hearts more sinned against
Than sinning—ah, He knows!

The hope of many a household fair—
Yes, many a mother's pride—
Lies here, unknown, forgotten,
By the Hudson's rolling tide.
God grant that in their stormy lives
They did some deed of love
That will balance all their errors
In the Book of Life above.

God help the many anxious hearts
In near and far-off homes
Who wait with tender wistfulness
For the one who never comes!
Who are listening for the footsteps
That forever more are still,
And watching for the form that lies
On Sing Sing's wind-blown hill.

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A single sympton, in itself insignificant, may be the first intimation of the presence of very large quantities of uric acid and indicate the approach of a severe affliction.

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Editorial.

New Postal Law.

The Postmaster General in his efforts to prevent a deficit in his department, has, in our opinion, made a very wise ruling, which goes into effect April 1st of this year. The rate of postage on newspapers, periodicals, magazines, etc., is ¼ cent per lb., at which rate the department sustains a heavy loss. This low rate was made to encourage the taking of newspapers by the masses, and it has had the desired effect. As the years rolled on grave abuses of this privilege have crept in; many papers with a subscription price of 50 cents or even $1.00 would secure "trial subscriptions" at say 10 cents, and continue mailing their paper for years. They are advertising sheets, pure and simple, and all they cared for was the names to which the paper would be sent. The ruling is to the effect that publishers must collect renewal subscriptions from their subscribers practically in advance or pay postage at the rate of 4 cents per pound. At the very low price at which publishers sell their papers and magazines, the latter rate of postage is prohibitive. Speaking for the Carolina Medical Journal, we are pleased the ruling was made, for two reasons. First, subscribers will no longer expect us to continue mailing them the Journal after the expiration of their subscription, and second, there are a few journals that have a very large "sample copy" circulation, and the ruling cuts most of this out.

The Carolina Medical Journal, in common with at least nine-tenths of all medical journals, has found that nearly all our subscribers prefer notification when their subscription expire and then to have us continue sending the Journal, they paying at their conven-

ience, or, if the paper is no longer desired, they notify us to stop. Most of our subscribers prefer this plan, but a few do not. These few prefer their papers to stop at expiration, but we do not know their wishes and continue sending the Journal with the result that they sometimes get 3 or 4 years behind and then complain at the publishers for not stopping long ago, when the contract was "when you want to stop notify the publisher." This will all be avoided now, and we believe it will work well for both publisher and subscriber. Bills are being mailed all delinquents and the "rest has been decided at Washington."

The Tri-State Meeting.

The Tri-State Medical Association of the Carolinas and Virginia will hold their next annual meeting in Charlotte on Feb. 18th and 19th, and Dr. Stuart McGuire, the president of the association, writes us that he already has promise of a large number of papers by able writers, and that the interest manifested in the meeting would indicate that it will surpass all previous records. From its beginning the Tri-State Society has been noted for the high grade of papers read before the society. The high standing of the cultured and well-known president and secretary—Dr. Stuart McGuire and our own Dr. J. Howell Way—will of itself attract to the meeting, but everyone who knows these "brethren" is alive to the fact that everything is being done to render the meeting a success. Drs. John R. Irwin, Robt. L. Gibbon and C. E. Register, of Charlotte, constitute the committee of arrangements, and that assures everything in "apple pie" order.

Physical Means and Methods as Therapeutic Factors.

In the recent editorial on Therapeutic Pessimism the attempt was made to show the dangers in the teachings of those leaders in the profession who see little or nothing in the application of remedial measures to the relief and cure of disease. While the editorial dealt more specially with drug therapy, the nihilistic tendency there condemned is extended to all forms of therapeutics, and the plea is for a more optimistic view of remedial measures, generally.

The skepticism in drugs has been instrumental in fostering another class of agents in the treatment of morbid conditions, that are worthy of careful consideration, both on account of their utility and because of the contention in regard to them. Physio-therapy, the class alluded to, if not born of the unrest prevalent with the laity already noted, has been stimulated with a more rapid growth thereby. Under the teachings of the unbelievers in therapeutics and the incredulous as to remedial measures more especially drugs, many clinicians and practitioners sought other means for the relief of diseased conditions. The charlatan and a few advanced thinkers in the profession had already pointed the way to certain methods of treatment by mechanical means, and the application of remedies other than drugs, and thus was the physician's aramentarium enlarged by the addition of physio-therapy.

What is meant by the various terms —physiologic therapeutics, physical therapeutics, mechanical therapeutics, etc.,—for they are all rather loosely applied to the means of therapy under discussion, is, broadly speaking, the treatment of disease by drugless methods. Of these terms possibly physio-

therapy is the most appropriate. The more prominent of these are Massage-Hydrotherapy, including the application of heat and cold, electriciay, rest, climate, exercise, calesthenics, Swedish movements, light-rays, etc.

Some of the minor points that might be noted as belonging specially to the department of physio-therapy are the regulation of the diet, ventilation of the sick room, clothing prescribed, baths. spongings and packs in fever, relaxation of body and freedom from responsibility of business cares, care of the environment of the patient.

It will be noted that none of these can be classed as a new remedy. Some of them are as old as the hills. Some have been used as therapeutic agents in other forms and all of them had their claims for recognition pressed upon the profession in generations past. Not only this, but their utility, of each, at least in selected cases, has been conceded by the majority of the profession. Under these circumstances it does not seem that there should be grounds for such diversity of opinion, and so much contention in regard to their use.

This state of affairs is not so pronounced as to any one of the means enumerated, as it is to the growing tendency of therapeutics towards physical methods as a class. The general practitioners, the rank and file of the profession perhaps, resents the new order of things. As one writer has expressed it *Thayer, Johns Hopkins Reports, Nov.,* '07): "They seem to regard the rather ponderous and impressive term "psycho-therapy" (physiotherepy—Ed.) as the symbol of some wholly new and mystical method of influencing their patients."

The profession in its relation to physio-therapy is divided into four schools. In the first class would be placed those who disregard or neglect this means of treating disease; in the second, the faddist; in the third, the specialist, and the fourth would include those who use it as an adjunct to drug therapy, or if occasion demands, drugs as an adjunct to physio-therapy. It is this last class that it is the most important and for the enlargement of which this plea is made.

Two classes contribute to the number of the first school, viz., the therapeutic nihilist, who practically holds that diseased conditions are not influenced by any treatment that can be instituted, and the believer in drugs as all sufficient for the purpose of combating disease. Perhaps these designations ought to have a qualifying clause to them, because we have but few physicians committed wholly to either class though many, by their mode of practice, tend in the directions indicated. Neither of these meet the full measure of their responsibilities as physicians, to their patients, to the profession, to the public or to themselves. Whether the neglect or disregard arises from ignorance, indolence, fallacious reasoning, dogatism, or a narrow-minded bigotry, the results are the same, a distinct loss from the doctaor's armamentarium and consequently to the patient.

The faddist is but one degree removed from the charlatan. He has taken up physio-therapy as what he considers a popular wave, as a commercial venture. The real therapeutic values of physical methods if not to him, unknown quantities, are not fully appreciated. He is in it to attract attention, build a cheap reputation, and ultimately secure a larger financial return for his services. He has done more to bring physio-therapy into disrepute than any other factor connected with it. Reputable practitioners become dis-

gusted with his methods, manners and pretentions, and show their repugnance against the system rather than towards its exponent.

The specialists are few in number but generally are well informed as to the merits of physio-therapy. They are doing more to popularize the system with the profession than any other class. They are overstepping the bounds of legitimacy when they claim, as a few of them do, to accomplish all that is desirable with drugless therapeutics. That a great deal can be, and is, accomplished thus is demonstrated every day, decidedly more than was thought possible a few years ago. It is also a fact that much that is done with physical methods, might be accomplished more easily and more cheaply with drugs, or by combining the two methods of treatment. To specialize physiotherapy in the sense of using this, and this only, in the treatment of disease, is equivalent to popagating a new dogma or ism in medicine. Scientific medicine is too broad to be confined within the bounds of any exclusive ism. All means that will benefit the patient, whether it be a drug, an electric current, an application of water, or an exposure to the rays of the sun, must be utilized.

There are two serious obstacles to the use of physical methods in general practice. One is the time for, and the other is the necessity for more or less paraphernalia for their proper administration. Both of these necessitate an increased expense to the patient It is easier and quicker to write a prescription than to massage a patient or give him a seance of static insulation. It is also less cost to the doctor in both time and invested capital. The results to the patient will depend on the conditions existing, and the indications for either of the treatments.

Not every general practitioner can afford the time and expense to meet the necessities for physical methods in their entirety. This can be accomplished only in office practice, or better, in well equipped sanitariums. While this is true it does not preclude the using of the greater number of them, either in a modified form or when possible, to a fuller extent. The sun parlor of a well equipped sanitorium may not be available, but an upper room with an eastern window makes a good substitute for an hour's exposure to the nude patient. The hot air apparatus is desirable very often, but a few hot bricks, wrapped in wet cloths, under cover will produce diaphoresis quickly. The bath-tub is not available in but a small proportion of country homes, but a quick sponging of the patient on rubber or oil-cloth sheets sometimes does wonders. Static electricity needs a large machine, but many portable Fradic batteries are made that are very useful in their field. Forced ventilation of large public buildings, like hospitals, is a necessity, but a judicious arrangement of screens before doors and windows will enable the doctor to give his patient an abundance of fresh air, without a draught.

These means and methods ought to be more systematically studied as to their physiologic effect and more generally used both for their physiologic and psychic effects. They are as much therapeutic agents as drugs. They cannot be used to the exclusion of drugs, but each is an adjuvant of the other.

Abstracts.

Alexander Mactier Pirrie, a Martyr to Science.

A career of great promise has been cut short by the untimely death of Mr. A. Mactier Pirrie. The son of the late Mr. Alexander Pirrie, C. E., he was born on October 2nd, 1882. He obtained his B. Sc. with honors in anthropology at Edinburgh University in 1904, and qualified as M. B., Ch. B., in 1906. He obtained the Carnegie Research Fellowship in anthropology and was appointed anthropologist to the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. He went out to the Sudan in the autumn of 1906. Under the direction of Dr. Andrew Balfour, the director of the laboratories, Dr. Pirrie made his first expedition up the Nile to the southern limits of the Sudan, and penetrated to remote parts of the Bahr-el-Ghazal. His second expedition took him to the borders of Abyssinia. On both occasions he passed through some of the most pestilential regions of Africa in connection with certain anthropological and physiological researches, appertaining to tropical diseases, upon which the laboratories are engaged. Unfortunately, he contracted tropical fever (kala-azar), and was so prostrated as to be compelled to return to England, leaving Khartoum on June 17th last. He rallied from the effects of the fever from time to time, but was compelled to enter Chalmers' Hospital, Edinburgh, in October. His death took place on November 12th. He was interred at the Dean Cemetery, Edinburgh, on November 15th. The Gordon Memorial College, Khartoum, Sir William Turner, Principal and Vice-Chancellor of the Edinburgh University, Mr. Wellcome and others, were represented, and sent wreaths. A resolution of sympathy has been conveyed to the relatives from the trustees of the Gordon Memorial College, and other expressions of sympathy have been received from the Liverpool School of Tropical Medicine, &c., &c. It is of interest to note that the first case of kala azar found in Africa, except a case in Tunis referred to by Laveran, was reported by Dr. Sheffield Neave, pathologist to the Wellcome Research Laboratories, Khartoum. Dr. Neave found the Leishman-Donovan body, the parasite of kala azar, in the splenic blood of a patient in the Omdurman Civil Hospital. The discovery is noted by the director in the second report of the laboratories. Dr. Pirrie presented a paper on his African expeditions at the last meeting of the British Association for the Advancement of Science, but was prevented from being present on account of his illness. He brought back a most valuable collection of objects of scientific interest. At intervals during his illness he was engaged on his report to the Carnegie Institute and the Wellcome Research Laboratories, Khartoum, for which institutions he acted jointly in the important work he carried out in the Sudan.

(*Reprinted from the "British and Colonial Druggist," Nov. 22,* 1907.)

Wood for Paper Costs Twenty-Six Millions.

The Publisher Pays Much More for His Stock Than He Did Last Year.

To-day there is general complaint among publishers that printing paper is constantly growing dearer. In the Middle West many local papers are raising their subscription price 50 per cent. in order to pay for the paper. From the time when Gutenberg first used movable type, made of wood, to the present day of metropolitan papers, some of which consume the product of acres of spruce in a single edition, printing has in very large degree depended upon the forest.

In the face of a threatened shortage of timber, the amount of wood consumed each year for pulp has increased since 1899 from 2 million to 3 1-2 million cords. The year 1906 marked an increase of 93,000 cords in the imports of pulpwood, the highest average value per cord for all kinds, and a consumption greater by 469,053 cords than that of any previous year.

Spruce, the wood from which in 1899 three-fourths of the pulp was manufactured, is still the leading wood, but it now produces a little less than 70 per cent. of the total. How well spruce is suited to the manufacture of pulp is shown by the fact that during a period in which the total quantity of wood used has doubled and many new woods have been introduced, the proportion of spruce pulpwood has remained nearly constant in spite of the drains upon the spruce forests for other purposes. During this time three different woods, from widely separated regions have in turn held the rank of leader in the lumber supply.

Since 1899, poplar, which for years was used in connection with spruce to the exclusion of all other paper woods, has increased in total quantity less than 100,000 cords, and is now outranked by hemlock. Pine, balsam, and cottonwood are used in much smaller amounts.

New York alone consumes each year over a million and a quarter cords of wood in the manufacture of pulp, or more than twice as much as Maine, which ranks next. Wisconsin, New Hampshire, Pennsylvania, and Michigan follow in the order given. Sixty per cent. of the wood used in New York was imported from elsewhere, and even so the supply appears to be waning, since the total consumption for the State shows a small decrease since 1905, whereas the other States named have all increased their consumption. Other States important in the production of pulp are: Massachusetts, Minnesota, Ohio, Oregon, Vermont, Virginia, and West Virginia.

The average cost of pulp delivered at the mill was $7.21. The total value of the wood consumed in 1906 was $26,400,000. The chief item determining the price of paper is the cost of pulp. An example of the increased price of paper is found in the case of a publisher of a daily in the Middle West, who recently paid $1,200 for a carload of paper. The same quantity and grade of paper cost a year ago but $800.

The chemical processes of paper making, which better preserve the wood fiber, are gaining over the mechanical process. In 1899, 65 per cent. of the wood was reduced by the mechanical process; in 1906, less than 50 per cent.

All importations of wood for pulp are from Canada, and comprised, in 1906, 739,000 cords, nearly all of which was spruce. Four and a half million dollars' worth of pulp was imported in 1906, a slight falling off from 1905.

Circular 120 of the Forest Service

contains a discussion of the consumption of pulpwood in 1906, based on statistics gathered by the Bureau of the Census and the Forest Service. The pamphlet can be had upon application to the Forester, United States Department of Agriculture, Washington, D. C.

The Abdominal Belt Treatment of Pertussis.

T. W. Kilmer, New York City (*Journal A. M. A.*, November 23), reports the result from letters of inquiry in regard to the value of the abdominal belt in whooping cough, sent out to pediatrists in various parts of the United States, to which forty-five replies, covering over 550 cases, were received. The results are given in tabulated form and show 484 out of 556 patients improved (nearly 88 per cent.), and only 72 showing an improvement. Most of the replies were of interest on account of their testimony to the good effects of the belt in the prevention of vomiting. This was the chief benefit claimed by him, and he is pleased to have the support of these additional witnesses. A large number of cases with complications were reported in the answers, but he finds by further inquiry in most cases they existed before the adoption of the belt treatment. Drugs were also used in many of the cases, but the effect of the belt on the vomiting was marked, independent of the medication. The apparatus is described and illustrated.

The Ferments of Milk.

R. G. Freeman, New York City (*Journal A. M. A.*, November 23), gives a resume of the facts known concerning the effects of temperature on the biologic properties of milk and those in regard to the ferments it contains, summarizing especially the results of the studies of Spulverini, Hippaeus and others on the subject. He finds from the more recent observations that in order to preserve the normal ferments of milk in pasteurization a temperature not exceeding 140 F. should be used. Such a temperature will scarcely alter the chemical composition, will not destroy the ferments, and the most recent observations would seem to show that if kept up for from 30 to 40 minutes it will destroy tubercle bacilli in milk, unless they are enveloped in thick mucopurulent material or are protected by a film formed on the surface of the milk. Such conditions are not likely to exist in sealed bottles of properly handled milk from healthy cows.

Spontaneous Arterial Degeneration in Rabbits.

The arterial degeneration claimed to be produced by the administration of adrenalin to rabbits has been investigated by Amy B. Miles in the Pathological Laboratory of the University of Colorado (*Journal A. M. A.*, October 5). Her experiments were performed on 61 rabbits, to which varying doses, from 0.5 m. to 15 m. (Parke, Davis adrenalin chlorid, 1-10,000), were given by hypodermic injection three times a day for periods varying from one to forty or more days. There was no constant relation apparent between the extent and frequency of the lesions found and the size and frequency of the dose or the duration of the treatment. The extensive lesions were found in a rabbit that had received only 150 m. altogether in 5 m. doses, while others receiving from four to eight times as much showed no lesions whatever. Arterial lesions were found in

17 rabbits out of the 61, a percentage of 27.86. Similar tests were made on 49 assumedly normal rabbits, with like results, lesions being found in 17 out of the 49, or in a percentage of 34.77. Allowing for some possible differences of environment, food, etc., in these latter, which were obtained from dealers, they still show that spontaneous degeneration in the vascular system of rabbits supposed to be normal is not uncommon, and suggest the possibility of a large proportion of the lesions reported in previous literature having not been due to the drugs used, but present before the experiment began. The patholoic findings in the rabbits are described, and in an added note by O. P. Johnstone, similar results obtained by examination of apparently normal rabbits at the University of Chicago are reported.

The Treatment of Lobar Pneumonia.

(*Clinical Excerpts.*)

Thompson in an excellent article on the treatment of Pneumonia reaches the following conclusions: 1. The importance of not crowding an overtaxed heart with too much stimulation, and especially of basing the selection of the proper variety of cardiac stimulant on the existing balance between the conditions of vascular tone and the effort the heart is already making: 2. The uselessness of the so-called ',specifics" for pneumonia, and as a rule, of expectorants. 3. The importance of prevention of indigestion and particularly of tympanites. 4. The great value of hypodermoclysts in certain cases. 5. The uselessness of topical applications excepting for the purpose of relieving pleuritic pain. 6. The necessity of prescribing proper intervals of rest in which the patient is free from incessant efforts at medication.

Practical Points on Providing for End-Bearing Stumps in Amputations of the Lower Extremity.

The *American Journal of Surgery* has a very timely article on this important subject by Marks, the maker of artificial limbs. He states that amputations of the toes and posterior part of the os calcis produces bad results the remaining part of the foot being sensitive and becoming abraded under the slightest provocation. Amputate in the ankle after Symis method if a healthy bed flap can be obtained; otherwise, amputate at the junction of the middle and lower thirds of the leg. It is production of bad results to amputate above the insertion of the ankle joint flexers. If the tendo achillis is not opposed, it will contract and draw the heel away from its normal position. Likewise do not amputate close to the malleoli or amputate in the ankle leaving the astragalus. The main object in amputating at the ankle joint is to produce an end-bearing stump on which the patient will be able to rest his entire weight, and unless this is obtained the amputation had better be made at the point of election in the leg. An end-bearing stump must have a healthy, well-cushioned flap, without any cicatrix across the end. Do not have too much flap. An amputation should always be made well away from lacerated or infected tissue. Never amputate below an involved part. Amputation should not be done at any point below the knee where that joint is ankylosed. A stump having four or more inches of tibia is capable of controlling the knee joint of an artificial leg and may be said to be long enough. He condemns removing the condyles of the former in knee joint amputations.

Syphilitic Problems of Surgery.

(Am. Jour. of Dermatology.)

Selbay states syphilis is a disease so varied in its manifestations that it should be studied by the surgeon, the general practitioner and the men of special branches, as well as the men of dermatology. To the surgeon it is of two-fold interest, it may be the cause of a lesion apparently demanding operative treatment, and it may influence the result of a lesion not syphilitic which has been surgically treated. For these reasons the surgeon must have it in mind in making a diagnosis and also in prognosing results. The importance of diagnosing complications of this nature is emphasized by their curability and failure to obtain the desired result because of non-syphilitic treatment. He states in conclusion:

First, that an apparently conquered infection, by having lessened the patient's vital powers, may retard the repair of the body tissues, either osseous or fleshy; second, that an existing infection may be increased in its severity by an injury, or the onset of a sequel induced; third, that an existing lesion may magnify the damage done by an injury by reason of rendering the tissues more susceptible; and fourth, that syphilis has latent possibilities for doing much evil, appearing at the most unexpected times and in the most unexpected places.

Stovaine Special Anesthesia.

Gaston Torrance in *Surgery, Gynecology and Obstetrics*, has a further report from various clinics with a study of over 5,500 cases of stovaine anesthesia collected from the literature. He states that having seen stovaine in use in a great many places in Europe, he sent a list of questions to a number of surgeons in this country and Europe. His report includes their replies which are generally favorable. A few deaths have occurred in bad cases, there are also several cases of partial paralysis following the use of stovaine, these have generaly cleared up after several months. The European surgeons use stovaine a great deal oftener than the American surgeons. Dean thinks stovaine spinal anethesia is the ideal method to be used in acute abdominal cases. He thinks the shock in all cases is much less then from ether and chloroform, and that "the mortality is by no means so large as with the general anesthetics. Moynihan uses stovaine spinal anesthesia in old people where he fears ether. Other European surgeons only use a general anesthetic in gynecological and abdominal operations when there is a special request to do so, in all other cases using stovaine. Torrance reports seven cases in which he has used stovaine.

Tonsillar Hemorrhage and its Surgical Treatment.

Jackson, in the *Annals of Surgery*, states that Tonsillotomy is an unjustifiable operation. Tonsillectomy is less likely to be followed by hemorrhage than is tonsillotomy. Oozing after tonsillectomy is exceedingly rare. It is bleeding from a vessel concealed back of the anterior pillar that is usually mistaken for oozing. The use of ice to the neck and face, or locally over the wound or other hemostatics, are un surgical and are liable to be followed by a secondary hemorrhage. A gauze sponge pushed into the cavity left by the removal of the tonsil will stop slight bleeding. Hemostasis with hemostatics, promptly done while the vessels are plainly visible by their bleeding immediately after they are severed, promptly arrests hemorrhage and the

torsion forestalls secondary hemorrhage. If the hemorrhage cannot be controlled by torsion ligate the external carotid; an anterior pillar retractor and a few long hemostatics are an absolute essential to every tonsillectomy armamentarium. He personally prefers to use a pair of long curved scissors.

The Surgical Treatment of Exophthalmia Goiter.

(*Surgery, Gnecology and Obstetrics.*)

Heinick in his article studies the basis of exophthalmic goitre, gives an analysis of 500 cases treated surgically and then draws his conclusions. He states that thyroid gland substance, or any of its preparations should never be used, thymus gland is useless, that medical treatment used from belladonna is largely symptomatic. That the serum therapy of exophthalmic goitre is as yet in the experimental state. He has collected 500 cases that have been treated surgically. Drs. Mayos and Kocher of Berne, report the largest number of cases, over one-half. Partial thyroidectomy is as yet the most satisfactory operation for performance in all cases of exophthalmic goitre.

Partial thyroidectomy is indicated in all cases of secondary exophthalmic goitre when after three months of medical treatment, the patient's condition is not markedly improved, when the goitre compresses or distorts the trachea, or the esophagus, or both, when tachycordia is marked, when they have marked exophthalmos, if the patient is losing strength and in all acute cases that seem like a sudden intoxication of the body by thyroid.

A young practitioner is apt to err by thinking too much of the physical signs, and too little of the patient. I remember treating, when I was young in the art, a big active city man, who had a patch of crepitations at the base of one lung. I wanted to keep him in bed, but he grew restive and fled to the seaside, escaping from both bed and doctor at a stroke—and with impunity.

The first art we require is to treat the disease. To treat the patient is a talent which comes later. But the personality of the sufferer, his idioscyncrasy, his equation, enter largely into prognosis.

It is by degrees that we learn the value of rest—not "doing nothing" but "not hindering anything"—and that we discern the patient's chances of life to depend upon the completeness with which this rest is fulfilled. It is by degrees that we learn to ,'trust the human body!" Let me quote once more the philosopher who once adorned British medicine, Dr. Sutton: "Doctors who look too much on morbid anatomy, the dead side of the disease, are apt to give too gloomy prognoses. They cannot trust the human body."—*Critic and Guide.*

Campho-Phenique.

What do you think of that? In a paper on the treatment of varicose veins and ulcers read before the Illinois State Medical Society Dr. W. S. Royce states that he used several dry dressings, "but after long experience I have proved to my own satisfaction, at least, that these ulcers will heal faster and better under campho-phenique powder than any other." And this statement occurs in the *State Journal* (Ill. Med. Jour.) for November, p. 489. And Campho-phenique has been exposed and anathemized by the Council. And the moral you will have to make up yourself.

P. S.—No, Campho-phenique is not advertised in the *Carolina Medical Journal.*

Selections from Our Exchanges.

Gonorrheal Sterility.

"Race suicide," so far as the average woman is concerned, is more a matter of closure of the fimbriated extremity of the fallopian tubes from gonorrheal infection than an act of volition on her part. One child sterility is especially frequent; i. e., the wife becomes pregnant very soon after marriage, before the gonococci from her husband's gleet have infected the uterus and tubes, but during the puerperium, or shortly afterward, the gonorrheal endometritis becomes manifest and the tubes are forever sealed, even if not so badly diseased as to necessitate removal. Erb (Germany) found on investigation that of 2000 men 48.5 per cent. had had one or more attacks of gonorrhea (84 per cent. of these acquired between 16 and 24); and examination of 400 wives of men presumed to be "cured" of clap before marriage showed 375 healthy—presumably capable of bearing children. But in American cities the proportion of infected wives is far larger than this. The small number of negro (and mulatto) children in cities is due also to the prevalence of gonorrhea among negresses.—*Amer. Jour. Clin. Med.*

Some Aspects of Sterility and Its Treatment.

A. J. Ronginsky, of New York, believes that in sterility the male plays an important part. It may result from masturbation, excessive coition, want of sexual affinity, mental fatigue, congenitally small penis or varicocele; finally it is necessary to examine several specimens of semen and ascertain that the spermatoza are absolutely normal. In the woman there may be general muscular relaxation, lack of function on account of age, or excess of sexual excitability. Of organic changes we may enumerate almost all the gynecological troubles. The principal are congenital lack of development of some part of the genital tract, leucorrhea, stenosis and gonorrheal tube affections. The author discards infantile uterus as a cause. Appropriate remedies are suggested for each of these conditions. In conclusion he exhorts the physician to educate the public in the knowledge of the baneful effects of gonorrhea on the fertility of the sexual organs.—*Medical Record, June 22,* 1907.

Adenoids in Infancy.

Dr. J. L. Morse thinks that the importance of adenoids in early infancy is not sufficiently appreciated by the profession. An idea is extant that their removal is not indicated because of the great likelihood of their recurrence. In a great majority of cases they do not recur and the removal, which is without danger, saves the little patient from a whole series of ills caused by their presence, and even in case they should recur a second operation is easily and safely performed. He goes over the anatomy of the parts in early infancy, showing how greatly the presence of these growths can interefere with the patient's respiration in the undeveloped nasal pharynx and postnasal pharynx. On account of the small size of the superior pharynx and postnasal opening even a very small amount of adenoids

may cause very serious obstruction to nasal respiration. This necessitates oral breathing, which is imperfectly performed by the child, especially when asleep. It also interferes with sucking; the child cannot breathe and take its nourishment simultaneously, and it is astonishing how much disturbance of nutrition may be thus caused, as shown by a case he reports. Rickets is also caused by disturbed nutrition from adenoids and chest deformities are common. Adenoids are a very common cause of colds in the head and snuffles in infancy, and also irritating coughs without physical signs, especially troublesome at night, which is only relieved by removal. Attacks of laryngitis and spasmodic croup are also attributed by him to this cause, and sleeplessness at night, even without the marked symptoms, like oral breathing cough, etc., should lead to a suspicion of their presence. They open the door more frequently to bacterial invasion and the danger of tuberculous infection is a very real one. Morse also says that they are the most frequent cause of otitis media owing to the special anatomy of the parts at this early age, and in his experience repeated attacks of otitis media in infancy are almost invariably due to adenoids.—*Med. Record.*

A World-Wide Difference.

The physician who speaks indiscriminately of nostrums, making no distinctions between highly ethical proprietaries and fraudulent or common patent medicines, dumping in one heap: peruna, liquozone, Hood's Sarsaparilla, Duffy's Malt Whiskey, Warner's Safe Cure, Hostetter's stomach bitters, bromo-seltzer, Antikammia, labordine, phenobromate, Gardner's Hydriodic Acid, urotropin, phenacetin, heroin, ichthyol, veronal, adrenalin, colchi-sal, peptomangan, antiphlogistine, protonuclein, mercauro, eucain, alypin, sextonol, cypridol, Fairchild's essence of pepsin, bovinine, thiocol, digalen, etc., etc., etc., has softening of the brain. He should put on a cap and bells and a sign on his back bearing the inscription: I am a dunce.

One might as well put old Dr. Grindle, whose alluring advertisements have been gracing our daily newspapers for so many years with Guyon or Fournier. And truth to say in the minds of some even presumably intelligent laymen, there is no difference. For instance, our good and certainly intelligent friend Elbert Hubbard thinks that Golden Discovery Pierce, Swamp Root Kilmer, and Peruna Hartman have the same scientific knowledge and are of the same professional standing as George M. Gould, A. Jacobi and William Osler.

What are you going to do about it? —*Clinic and Guide.*

Morphine to Prolong Life of Consumptives.

In the newspaper reports of the proceedings of National Association for the Study and Prevention of Tuberculosis, Dr. S. A. Knopp, of New York, is reported as "advising the killing of dying consumptives quickly and painlessly by heavy doses of morphine." This report was given space in some of the medical, scientific and literary journals of the country. In view of the well-supported evidence by doctors in attendance upon the session that Dr. Knopp made no such remark, and yet without contradiction by those publications who gave publicity to the misrepresentations, Dr. Knopp is pardonable in denouncing the whole report as a "lie." While verbatim stenographic

report is not given as to what he did say, it was clearly understood that he simply advocated the use of morphine *"to relieve patients in the last and incurable stages of consumption,* for everybody knows that while it prolongs life, it makes it very much easier for the patient."

Why Some Physicians Succeed.

We are often struck by the wonderful success of some individual in the practice of medicine. Do we as often stop to analyze the situation and endeavor to find out what produces such a condition in his particular case? We hear someone say that his neighbor, whom he personally knows to be limited in capacity, in information and in preparation, enjoys a large part of the work of his profession in that special community. There must be a reason for this, and perhaps it is as frequently as anything else the personal equation that enters largely into the matter. There is a decision, a firmness, a kindness and an attentiveness, interest that other men do not show in their work. We think it is the rule rather than the exception that a patient would rather have a doctor who is personally interested in him, who knew comparatively little, than one who had the reputation of knowing it all and regarded the patient as he would a piece of furniture. If we are not mistaken, the time for planting this interest in each individual case dates back to the time when men are doing their hospital and clinical work. They should pay attention to every detail and every requirement of any case that is of sufficient importance to come under their observation and care. They should learn personally to be able to do any and everything that could contribute to the comfort as well as to the recovery of the individual case, for the simple reason that they cannot teach others to do that which they have not themselves already learned. It is positively painful to see bright, well-educated, well-informed physicians who have obtained sufficient information to secure good hospital appointments drift hopelessly and aimlessly through their service, apparently having in view only the acquisition of a hospital diploma. Indeed, it is almost certain that we can predicate what will be the future of those whom we have seen in the performance of their hospital and dispensary work. What is true of the younger members of the profession is still more true after some years of practice. If they are slipshod, careless, indifferent, inattentive, they cannot expect to hold, much less to engage a large clientele, and if some of our brethren who take every opportunity to proclaim their fitness for the practice of their profession and their inability to get sufficient work to keep their body and soul together would practice a little introspection and a little more reformation, if not too late, they would find conditions changing. In medicine, as in everything else, the survival of the fittest is apt to be the rule.—*The Post-Graduate.*

Tuberculosis of the Middle Ear.

The treatment of tuberculosis affections of the middle ear is that of the disease in general, and is both prophylactic and active. Our first aim should be to check the progress of the disease and to acquaint the patient with the infectious nature of the aural discharge, that it may be destroyed before it can infect others. Of course the discharge is not nearly as infectious as the sputum, but nevertheless it should be treated in the same way.—*Albert Bardes in the Medical Record.*

Fundamental Principles.

Everyone knows that it is wrong to steal and to lie and to bear false witness; also, to garble and distort other people's words; but not everyone thinks it wicked to use—and advertise—Listerine and Buffalo lithia water or even castoria. The value of these things and the truth of the claims made for them are matters of individual opinion and cannot be settled by any appeal to "fundamental principles." Even Jones, by saying that these things are wrong, or thinking so, cannot create an advertising decalog, the verity and immutability of which everyone else will admit. We all acknowledge the obligation of the "fundamental principles of morality" which forbid stealing, lying, etc., but the application of these principles to advertising is so difficult that no two persons will apply them exactly alike. Amid this enormous diversity as to advertising ethics is it within the province of one man to say that his ideas and practice are fundamentally moral, while those of another are not? We do not think so, and that is what we tried to say in the objected-to editorial.

And this brings us to a story not warranted to be new or even true.

"Help! Help!" cried an Italian laborer near the mud flats of the Harlem River.

"What's the matter there?" came a voice from the construction shanty.

"Queek! Bringa de shov'! Bringa da peek! Giovanni's stuck in da mud."

"How far in?"

"Up to hees knees."

"Oh let him walk out."

"No, no! He no canna walk! He wronga end up!"

The trouble with Jones is that while he thinks he is right he is wrong end up. His friends should hurry to his aid and dig him out of the mire of suspicion, rancor and hatred which is stifling his lifework and turn his face to the stars. The world is not all evil, and it will be worth his while to see some of its goodness as well as some of its badness, for

"There is so much bad in the best of us,
And so much good in the worst of us,
That it hardly behooves any of us
To talk about the rest of us."

—*Clinical Medicine.*

Ocular Symptoms of Nasal Origin.

O. A. Griffin describes and illustrates the anatomic arrangements of the cranial and facial bones as bearing on the production of ocular symptoms from nasal disease, especially when certain irregularities exist. It is not surprising that active inflammatory conditions in the nasal passages are often associated with disturbances in the visual apparatus. Refractive disturbances, muscular imbalance, conjunctivitis, glaucoma, etc., cannot only be simulated, but actual destructive lesions, neuritis, chorioditis, iritis, and keratitis may result from an infective process in an adjacent ethmoiditis or sinusitis. These conditions have been observed by him so often that he does not consider an ocular examination complete without inspection of the nose and its accessory sinuses. Eight cases of apparent ocular disease relieved by treatment of nasal conditions are reported. In one case a troublesome heterophoria which could not be relieved by glasses entirely disappeared after removal of the inferior turbinates for nasal obstruction, to the surprise of both patient and physician. Under the circumstances, the author remarks, the disappearance of a heterophoria is unique.—*Medical Record.*

Cities are More Brunet than Surrounding Rural Districts.

Another anthropological law already explained. Competent observers in many parts of the world have called attention to the fact that city blonds do have slightly higher sickness and mortality than the brunetts and that surviving families of long duration of city life, are of a curiously brunette sallow short type such as we see so commonly among European Jews—the very type now taking possession of New York City. Why does this type survive in health, while the blonder ones die out or survive in sickness and feebleness? The suggestion has been made that the blonds are not sufficiently protected from light which in excess is so harmful to young developing cells and embryonic or atypic neoplastic cells. The negro's cells are enveloped in darkness. The Scandinavian does not need such pigment in his dark and cloudy land but if he migrates far away his children are sickly. This gives us a hint and we should act on it. The Anglo-Saxon boy should be sent as far north as possible. The old time notion to place colleges in the woods was correct and the present tendency to reverse nature, and graduate a stream of city blond neurasthenics to become educated paupers, is a disaster. The small country colleges will be the future salvation of this country, and their graduates are now doing the bulk of the work of advancing our civilization. Gentlemen, don't waste that ten million dollars! Send the boys out of the city.—*Gould in American Medicine.*

Some Dicta in Appendicitis

1. When on placing the left palm on the rigid muscles of the lower right quadrant, and on gentle pressure the other hand on the left side of the abdomen, an impulse or beat is felt, the diagnosis of appendicitis can be conclusively made.

2. Severe symptoms are not always signs for grave pathological lesions, and conversely mild symptoms are in many cases accompanied with most serious pathological processes.

3. Never omit to order an enema with turpentine as long before the operation as possible, to give the patient the benefit of the doubt, if you suspect intestinal worms.

4. The application of ice, sufficient to completely freeze the abdominal wall and viscera beneath it, is a scientific blunder equal to the giving of morphine to cure the malady. It masks the symptoms and is liable to cause gangrene of the skin.

5. Always save the pathological specimen, preserve it and have it carefully labeled with the name and address of the patient from whom it is removed. It is valuable evidence in conjunction with careful records of the case, in suits for malpractice or any other medico-legal complication which may unexpectedly arise.

6. Probable diagnosis of appendicitis is sufficient cause for surgical intervention, while missing links to the chain of symptoms, to make a positive diagnosis, may deprive the patient's chance of recovery through operative delay.—*Medical Times.*

A man who has had venereal disease and gets married making sure that his wife is in no danger of infection is a criminal. And a man who is not sure of his sexual power and gets married is both a fool and a criminal.—*Critic and Guide.*

Therapeutic Points.

It is still doubtful whether any course of treatment will permanently influence the secretion of acid by the stomach.

Gastric pain, directly caused by high acidity, is best relieved by the administration of alkalies after this height of stomach digestion, which is also the time when the pain usually first appears.

Atropine is beneficial in gastrict pain from hyperacidity. It temporarily inhibits hydrochloric acid secretion and relieves the hypersensitive mucous membrane.

The contraindication to the use of nux vomica in gastric hyperacidity is only apparent and not real. The morbid condition is a sensory neurosis, hence the value of nux vomica.

It is a well demonstrated fact that hydrochloric acid administered with or after a meal has no stimulating effect either upon a normal or a diseased stomach. It must be given one hour before meals.

The best experimental work seems to prove quite conclusively that in the past too small doses of hydrochloric acid were employed in treating depressed gastric secretions. The initial doses should be fifteen of twenty minims well diluted, and increased if clinical results are not adequate.

In the diagnosis of gastric disorders it is very difficult to distinguish between purely nervous and purely stomatic diseases. A careful analysis of the subjective disturbances must be supplemented by tests of function.

In the treatment of gastric neuroses a change of environment is one of the most important measures to be adopted.

Fashionable watering places are totally unsuited for the treatment of gastric neuroses.

In gastric hemorrhage good results are obtained from introduction of small pieces of ice into the rectum, or from high enemas of ice water.

The methodical drinking of cold spring water stimulates both the gastric and biliary secretions, and also quickens peristaltic action.

Copious draughts of hot alkaline waters are beneficial in the management of hyperchlorhydria.

The best symptomatic treatment of the condition of excessive mucus in the stomach during the intervals of digestion is lavage. Of drugs, injections of morphine and atropine have given the best results.

Lavage with extremely hot or cold water is recommended to control hemorrhage anywhere within the alimentary canal.

Contrary to general accepted opinion, large doses of bismuth may be followed by toxic symptoms. These are unlike those of antimony or arsenic, sometimes found contaminating bismuth.

Six or eight ounces of oil given every second day as a high-up enema is said to be very successful in treating the mucous colic attending spastic constipation.

In modern therapeutics the prolonged use of cathartics for the cure of chronic constipation is considered unwise. After securing thorough evacuation the treatment must be regulation of the diet and the habits.

Liquid paraffin and agar-agar are among the newest substances successfully employed in the treatment of constipation. The former is in no sense a food as is the latter, but both act mechanically. The paraffin is best given in capsules in combination with moderate doses of cascara.—*Med. Council.*

Newer Materia Medica.

The Care of Growing Girls.

One of the most responsible tasks of the family physician is to advise parents of girls entering upon their teens, as to the diet, mode of life, and hygienic measures best calculated to preserve the health of budding womanhood. In dealing with these cases the practitioner is often called upon to treat the anemia which in such a large proportion of instances characterizes the unfolding of the growing girl. Full well does the family doctor grasp the meaning of this anemia, and the vast importance of combating it before it is too late,—before the impoverished condition of the blood of puberty has left its imprint upon the powers of resistance of the adult organism; has done permanent damage to the future woman and the future mother.

Unsuitable diet, an overindulgence in sweets or spices, over-study, lack of fresh air and physical exercise, indulgence in late hours and abandonment to novel reading, to tight lacing, and other abominations of dress, contribute their quota to the causes of anemia in the growing girl. Each of these factors is, of course, removable by good commonsense advice to parents and by proper exercise of discipline. Still, when the damage has been done, we must assist nature in its generous work of restoration, and here it is that we are obliged to give that sovereign cure of impoverished blood, iron, in such form as may best be suited to these cases.

The question as to what form of iron we should give to produce the best possible effects has been solved by both experimental and clinical researches conducted during the past twenty-five years—ever since Bunge and Hamburger experimentally demonstrated the inferiority of inorganic preparations (Morat and Doyen, Traite de Physiologic, Paris, Masson 1904, I, 467). Iron, in the anemia of puberty, produces the best effects when given in a form that will stimulate digestion and increase assimilation, i. e., in the form of the peptonate. With it should always be combined that second hemotinic which has been shown to enhance the value of iron.—manganese,—and the two are best given in the form of the well-known solution, styled ‚Pepto-Mangan (Gude)."

With this may be given, in the anemia of growing girls, minute doses of Fowlers' Solution, or else equally small doses of strychnia which may be incorporated with Pepto-Mangan as indicated in individual cases.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the regulation of diet, including a sufficient amount of fruit, raw and cooked and of cereals giving a large residue of cellulose.

With this method of treatment many a physician has achieved success which was rewarded tenfold, by the sight of rosy faces and bright eyes.

"Fermenlactyl" (Lactic Ferments) is indicated in the following diseases:—

(a) Affections of the digestive tube, gastro-enteritis, infantile diarrhoea, enterocolitis, dysentery, intestinal tuberculosis, typhoid fever, chronic intes-

tinal infection, and for the treatment of diabetes.

(b) "Fermenlactyl" is also indicated for reducing to a minimum the source of organic intoxication, cirrhosis of the liver, chronic nephritis, cardiac affections, gout, gravel, arteriesclorosis (old age), arthritis, furunculosis, urticaria, etc.

(c) "Fermenlacytl" may be prescribed in case where patients are submitted to an elimentary diet liable to increase intestinal fermentation, such as the feeding of children with sterilized and unsterilized milk.

The most formidable intestinal bacteria are due to putrefaction. Bacteriological researches have shown that lactic ferments are the true enemies of putrefaction. The Bulgarian lactic ferments (Fermenlactyl) in particular, are the most active to prevent it.

In addition to the action of "Fermenlactyl" with regard to the diseases above-mentioned, we have still to consider its role in respect to general alimention and old age.

H-M-C in Texas.

I used Hyoscine Morphine and Cactin Comp. upon two tough cases, one an old man of sixty-five, with renal colic; and allow me to go on record as saying it relieved him completely within fifteen minutes. The other was a Mexican who had had singultus for three days and I had given all of the remedies I thought of, read or heard of with no results. He was growing worse. In just three minutes after this first dose he stopped hiccoughing to stay stopped. I am inclined to the belief that H-M-C (Abbott) will be a greater boon to humanity than chloroform or ether because of its so much wider range of usefulness.

Dr. B. R. Bradley.

Hondo, Texas.

Change of Scene and Proper Medication.

During the past two months we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

The Alkaloidal Treatment of Pneumonia.

In patients with a full-bounding pulse and a hot dry skin—sthenic cases—begin treatment with aconitine, veratrine and digitalin (Defervescent Comp. No. 1); or in patients having a small, quick, thready pulse and a hot dry skin—asthenic cases—give aconitine, digitalin and strychnine (Dosimetric Trinity No. 1). One granule of the combination selected should be given every 15 or 30 minutes until the pulse softens or the patient commences to sweat freely; then one every half hour to one hour as needed to maintain this effect. Keep the pulse at 80 or under if possible. Envelop the entire thorax (and from chin to low on hips) in a thin, close-fitting jacket, thickly "quilted" with raw cotton, or the common "batten," well greased. If pain calls for treatment give a few doses of bryonin or hyoscyamine and codeine singly or in combination as indicated. Always secure complete defervescence and rest, no matter how much drug is required. Some cases do better on the above formulas alternated. Treatment should always be adjusted to fit.

Clean out the primæ viæ with 1-6 grain doses of calomel and podophyllin half hourly until one grain of each is taken; heaping teaspoonful of Saline Laxative in hot water and repeat every hour till bowels move freely; then give one or two 5-grain tablets (usually one) of the Compound Sulphocarbolates—Intestinal Antiseptics W-A—every two hours; or enough combined with occasional doses of Saline Laxative to keep the bowels sweet and clean. If stools are malodorous after they cease to be dark (almost black) in color, calcium sulphide granules, gr. 1-6 each (12 to 36 in divided doses daily; q. s. should be used as a systemic antiseptic, and nuclein should be pushed. Both intestinal and systemic antisepsis is of the utmost importance.

If seen early and properly selected remedies are pushed rapidly, nearly every case may be aborted. If the patient is naturally weak and has a rapid, thready pulse instead of a full, bounding pulse, always give strychnine arsenate in place of veratrine. Codeine may be used to quiet cough if required, and emetine to facilitate expectoration. Apomorphine in small doses for expectorant and relaxant effect often works best of all. If the pneumonic condition exists in a very young or very old patient and he does not cough and clear the bronchial tubes sufficiently, the stimulating expectorant, sanguinarine nitrate, should be used in just dose enough to produce sufficient coughing to rid the bronchial tubes of accumulated secretions. The complicating bronchitis may be as dangerous as the pneumonia itself. In such cases Calcidin (iodized calcium) is an exceedingly valuable remedy; furthermore, nothing can excel it for delayed resolution in any case. For the heart, strychnine has long been our sovereign remedy, but for heart waverings, in the earlier stages, we strongly advise the substitution of cactin, gr. 1-67(one or more as needed), in place of strychnine. Later on, in cases foolishly allowed to run their course, the whip, strychnine, may be needed; and when rightly used will often prove a life-saver.

It is of the greatest importance to all attacks of pneumonia to have a hyperleukocytosis present. For the production and maintenance of this physiologic state, Nuclein, Abbott, is the greatest known remedy. In the milder cases give 20 drops three times a day on the tongue without water. In the more severe cases give 20 to 30 minims every 12 hours by hypodermic injection into

deep muscular tissues. Nuclein not only produces hyperleukocytosis, but it acts as a powerful stimulant to every cell of the body.

In all cases leave the patient on strychnine or the Triple Arsenates with Nuclein, and occasional doses of cactin for the convalescent period, and continue the Saline Laxative and Intestinal Antiseptics that you have used throughout the case, q. s., as required.

The gist of the whole thing being: Forced defervescence, elimination, intestinal disinfection, systemic disinfection, local protection and strong support to nature's fighting forces.—Abbott, in *Clinical Medicine.*

A Wide Range of Benefits May be Derived from the Use of Fellows' Syrup.

To Stimulate the Appetite.—Take half the tonic dose as directed, in very cold (not iced) water, fifteen minutes before eating.

To Stimulate Digestion and Assimilation.—Take the remaining half of the tonic dose during meal time in water.

To Increase Rapidly in Weight.—Take the tonic dose as directed, and adopt the free use of new milk in addition to the regular food.

To Sustain Mental Exertion.—Mix two teaspoonfuls in a tumberful of cold water, and drink small quantities occasionally during the hours of intellectual work.

To Give Power to the Vocal Chords.—Take the tonic dose fifteen minutes before singing or lecturing.

Where Mucous Expectoration is Difficult, the tonic dose repeated every two hours will effect its removal with very little effort.

To Prevent Recurrence of Night Sweats.—Take the tonic dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat glands.

For Convalescence from Thypoid and other low fevers, and debility from residence in hot or malarial localities, employ the tonic dose.

To Strengthen and Develop Nursing Infants.—Let the mother take the tonic dose as directed with the food.

To Promote Sleep.—Take the tonic dose before eating. This applies particularly to sufferers from shortness of breath.

Doses for Aults.

As a Tonic.—One teaspoonful at each meal in a wineglassful of cold water.

As a Stimulant and Tonic.—Two teaspoonfuls at each meal in two wineglassfuls of water.

As a Restorative for anæmic persons, or those suffering from muscular or nervous debility (Neurasthemia)—one teaspoonful in water at each meal.

To secure the best results always dilute the Syrup with a wineglassful of cold water to each teaspoonful.

For children, the doses should be regulated according to age, viz.: from 9 to 12, one-half; from 5 to 9, one-third; from 1 to 5, one-quarter.

Cardiac "Wabble," from Vaso-Motor Instability.

The inclined-to-criticize will kindly excuse the above. In no plainer language, even if inelegant, can we designate that well-known but peculiar functional state of the circulation due to instability of action of the vaso-motors (lack of physiological balance) that calls for cactus grandiflorus, or cactin, its most desirable preparation.

The indication for cactin is not the pulse telling of cardiac inefficiency and calling for digitalin; neither, to the careful clinician, does it call for "the

lash"—strychnine, though one or the other, often both, are not infrequently used when not needed by those who do not clearly appreciate the condition present.

It is just the cactin pulse, indicating a heart that, by reason of instability or outside disturbance, is not doing, or is not permitted to do, its normal amount of work—a weak, irregular heart, calling for neither digitalin nor strychnine but a remedy that will act as a governor, resorting its normal rythm and rate.

Whether the indication be a pulse which is too fast, or too slow, too weak or too strong; if the cause is vasomotor instability, as in the tobacco heart, the heart of the drunkard, some cases of menopause, overwork, etc., no remedy in the proper condition will do just what cactin will; no remedy will so quickly restore the necessary equilibrium as this; continued as required in "dose enough," no remedy will serve you better.

The mistake the unthinking make is to look for toxic effect consequent upon the use of cactin as follows the exhibition of decided doses of digitalis and strychnine, and they are therefore disappointed when even enormous doses of it are used. The laboratory man with his frogs, rats and dogs says this toxic effect isn't there—and it isn't.

A straight line can't be made straighter, and while vascular balance is produced by cactin, and in a state of disequilibrium it goes but little beyond this point, why should it be carried further if it could? What more does one want?

Cactin is a balance, and it is this peculiar balancing action upon the circulation, preventing regional dilation, that accounts for the wonderful and otherwise in explicable effect of hyoscine, morphine and cactin compound (H-M-C, Abbott) as compared with hyoscine and morphine alone.

Without doubt in seven out of every ten times that digitalis and strychnine are used by the less careful, painstaking and exact, the needs of the patient and the purpose of the physician would be better served by cactin. Balance having been established through cactin in 'dose enough," other indicated remedies should be added, sufficient of the cactin being continued to maintain the effect desired.

That the appreciating clinician is well served by this remedy is evidenced by the fact that many, many millions of these granules have been consumed at the hands of the profession and nothing but satisfaction expressed—an experience which has covered a full decade.

Various Hospital Cases.

Case 1. Enucleation of eye in hospital. The patient did not know she had left the ward; could not believe operation had been performed. About two drachms of ether used. Prompt recovery.

Case 2. Appendectomy in hospital. Man 68; did not know he had been from ward for operation; felt fine after it, no nausea, very little ether given, usual recovery.

Case 3. Private, perineorraphy. Asleep before second hypodermic injection; did not know of taking the little ether and could not realize operation had been done. Perfect result.

Case 4. Obstetrics, primipara, breach presentation, very nervous, calling for chloroform. Gave one H-M-C hypodermic objection; within fifteen minutes a change; took things easy, worked with pains, forceps applied, had difficulty bring down arms and delivering head, but as she did not resist but help-

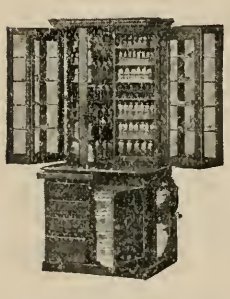
ed herself we finished in time to save the child. No perineal tear, normal recovery.

I think it a fine combination. Many other hospital cases similar to these reported.

E. W. Smith, M. D.

Meridan, Cann.

The fact is very noticeable that the physician, both the general practitioner, and the specialist, is growing busier every day, and with the complex matters of treatment that come for attention, it becomes necessary that he economize his time, and the very minute to the best advantage. To this end, it is wise that he so systematize his office work that neither he nor his patients lose any time, so he can care for his practice, taking patients in rapid succession, at the same time, giving satisfactory service. To enable the physician to do this, the W. D. Allison Company of Indianapolis, constructs a special line of appliances which, if used properly enable the physician to care for his practice in much less time then under ordinary conditions, saving him hours of work daily, and conserving his strength that he might devote it more exclusively to the welfare of his patients. The busy practitioner is looking for such an outfit, and it would be to his interest to send for a catalogue and description.



Squibbs' Materia Medica 1908 Price List.

In 1858 Dr. R. S. Satterlee, Chief Medical Purveyor of the Army, induced Dr. Edward R. Squibb to establish a laboratory to supply the army with such products as might be required in his direction. The laboratory was destroyed by fire in 1858, through an explosion of ether, which badly burned Dr. Squibb, causing him life-long suffering. This fire wrecked his fortune, but the medical profession came to his rescue, furnished him capital, and in 1859 his laboratory was rebuilt. From this date his well-known energy, his constant investigation, his fairness and exactness in methods and business led him onward and upward until the products of his establishment became famous throughout the civilized world. If Dr. Squibb had done nothing more than to give to the world the blessing that came from his investigating exactness with chloroform and ether, this alone would have been a monument that his family might regard with pride. Although Dr. Squibb passed on a few years ago. he still lives in the laboratories he established a half century ago, not merely in the spirit of a business enterprise but from a strong sense of duty, which impelled him to give his life to the providing of exact pharmaceutical products to the physician. How well he succeeded is common knowledge, "Squibb Quality" having become a proverb.

The 50th year of the existence of the laboratories finds a most complete Price List of its Products ready for the profession, just at a time when physicians and pharmacists are awakening to a keener appreciation of the necessity of purity and reliability in medicinal supplies, the very thing that Squibb had always stood for.

News.

Sixteenth International Medical Congress.

The preliminary program of this Congress has been issued, and announces that it will be held in Budapest, August 29 to September 4, 1909, under the patronage of Emperor Francis Joseph I. Twenty-one sections are provided for, as well as two general sessions at the opening and closing of the congress. Several of the sections will also hold sessions in common. The manuscript of papers to be read must be in the hands of the secretary of the congress by January 31, 1909. The membership fee is five dollars; wives and daughters of members pay half the membership fee. Correspondence is to be directed to the office of the Sixteenth International Medical Congress, Budapest, VIII., Esterhazy-Utcza, 7.

Dogmatism in Medicine.

The recent action of the Philadelphia County Medical Society in opening its ranks to all legally qualified reputable physicians who repudiate exclusive dogmas has not been received in the best temper by some officers of the local homeopathic organization, which has taken occasion to reiterate specifically by resolutions its faith in the exclusive laws of cure. Considering the fact that probably not one in a hundred of the members of the body persistenly follows out the Hahnemannian theories in his practice, its action is the more significant. It makes very little difference, however, whether the resolutions were passed or not. Only the progressive men in all schools are wanted for recognition, and such are coming over to rational medicine all the time, and the worthiest element in the membership of the homeopathic medical profession will find its way, sooner or later, into less narrow and more scientific associations. The element in the laity to whom homeopathy is a sort of religion is decreasing and will ultimately disappear, and with it the reason for the existence of the special homeopathic school.—*Jour. A. M. A.*

Want More Pay.

All the hospitals of Buffalo combined in a petition to the city and county authorities for an increase in the amount allowed for the care and treatment of the indigent sick. Up to this time $4 per week was paid for infants and $4.50 for adults. As the average cost of maintenance exceeds $9 per week, it was found impossible to cast a burden which should be borne by the general tax fund on private charities, and so the city and county are asked to increase the rate to a flat rate of $7 per week. This would increase the tax rate by 5 cents for $1,000 of assessable property.

State Control of Medical Colleges.

A bill, which gives the Illinois State Board of Health power to regulate and control medical colleges, and to determine the educational qualifications of applicants for admission to medical colleges, was recently passed by the Senate by a vote of 36 to 1.

Dr. N. G. Moore, of Mooresville, N. C., is taking a six weeks' course at the Post-graduate in New York.

Opium in the French Navy.

The French naval authorities are attempting, apparently without great success, to restrict the use of opium by the officers and men which is said to be very widespread and is alleged as the underlying cause of some of the disasters that have recently occurred on the vessels. It was discovered that in Marseilles users of the drug were obtaining it from a number of dealers in Oriental curiosities, and on searching the shops of the latter several thousand dollars' worth of opium was found and confiscated.—*Medical Record.*

Losses Due to Cattle Tricks.

A report issued by the Department of Agriculture states that the annual loss occasioned through the cattle ticks is in the neighborhood of $100,000,000, which is equal to about 10 per cent. of the value of the cattle. The quantity of the animals is the lowest and the loss is greatest in the regions where the natural conditions without the risk should produce the finest cattle with the least loss.

Carnegie Research Fund Increased.

At the dinner of the Board of Trustees of the Carnegie Institution held in Washington Dec. 10 ,the announcement was made that Mr. Carnegie was about to increase the $10,000,000 endowment fund by a further gift of $2,000,000.—*Medical Record.*

The Tri-State Medical Association of the Carolinas and Virginia will meet in Charlotte on Feb. 18th-19th, 1908. Don't forget it. Send title of your paper to Dr. J. Howell Way, Waynesville, N. C.

Hospitals Under Police Ban.

An order was issued by Director Clary of the department of public safety, of Philadelphia, instructing the police not to take trolley accident cases to six of the city's largest hospitals. This order has caused considerable comment, and the hospitals falling under the action of the director are Jefferson, Medico-Chirurgical, German, Howard, Presbyterian and Polyclinic. The director refuses to reveal his motive for dropping these institutions as accident receiving stations, but it is intimated that the trouble has been caused by the work of hospital attendants who, it is asserted, aid "ambulance chasers" or "ambulance-chasing attorneys." If this order is allowed to go unmodified, it is charged that the public will suffer, because persons injured would necessarily be carried beyond institutions near at hand to hospitals at a distance.—*Jour. A. M. A.*

Smallpox in Persia.

At a session of the Central Health Bureau in Teheran, it was stated that the mortality from smallpox in Persia is in the neighborhood of 75,000 annually. In spite of this fact the institute for the preparation of vaccine material, which was authorized in 1905, has not yet been started, although the necessary funds have been provided.

A Post Office Quarantined.

The post office at Augusta, Me., had to be closed for about eighteen hours on December 12 and the delivery of mail matter discontinued owing to the breakage of a culture tube, presumably inoculated with diphtheritic material, which was being mailed to the State laboratory. The Board of Health ordered a disinfection of all the mail matter.—*Med. Record.*

Plague in India.

From July 28 to September 7, in all India there were 31, 658 cases of plague and 21,900 deaths. Over two-thirds of this number occured in the Bombay presidency. From the first to the last week of this interval the number of deaths has more than trebled.

Disease on Immigrant Ship.

Two hundred of the eight hundred steerage passengers arriving last week on the Russian steamer Kherson from Libau were quarantined on account of smallpox, scarlet fever, measles, and diphtheria, cases of all of which occurred on the vessel during the voyage.

Recoveries from Cancer.

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of the person who can give knowledge first hand. Address

HORACE PACKARD, M. D.,
470 Comomnwealth Ave.,
Boston, Mass.

The Tri-State Medical Association of the Carolinas and Virginia.

The tenth annual session of this excellent medical association will meet in Charlotte, N. C., February 18-19, 1908, under the Presidency of Dr. Stuart McGuire of Richmond, Va.; Dr. J. Howell Way of Waynesville, N. C., Secretary-Treasurer. This association, comprising as it does, many of the leading medical men of the profession of the three constituent states, will be cordially welcomed to Charlotte by the profession and the people, as it will be remembered that in this city some ten years ago its first regular meeting after organization was held.

Both President and Secretary are actively working to secure an attractive programme and a full attendance, and a large number of excellent papers from leading members of the profession are promised.

The subject of the "Annual Debate" is "*Epilepsy*," and the leaders of debate, who are Drs. T. P. Whaley, Charleston, S. C.; J. P. Monroe, Davidson, N. C.; and J. Allison Hodges, Richmond, Va., assures a creditable discussion of an interesting and much studied topic.

Headquarters will be at the Selwyn Hotel. The Local Committee of Arrangements are Drs. J. R. Irwin, R. L. Gibbon, E. C. Register, all of Charlotte, N. C. It is needless to remark their duties will be well attended to. A cordial invitation is extended to all members of the State Medical Societies of the consituent states to be present, only such members being eligible to membership in the Tri-State.

"Dr. Frederick Treves, the noted English physician, says that sailors seldom catch cold until they get ashore. This is proof, he thinks, that colds are a germ disease and that the "cold-in-the-head" bacillus is not a denizen of the chilly blasts of the sea, but a lover of the maddening crowd."

Obituary.

WILLIAM H. S. WOOD,

NEW YORK.

Mr. William H. S. Wood, senior member of the firm of William Wood and Company, died at his home in this city on December 11, 1907. Mr. Wood was born in New York in 1840, the son of William Wood and the grandson of Samuel Wood, the founder of the publishing house. He was graduated from Haverford College in 1863, and two years later was taken into partnership by his father, the firm name of William Wood and Company being then adopted. His father had paid particular attention to the publication of medical works and the son advocated further specialization in this direction. In 1865 he conceived the idea of the publication of a journal to be conducted in the best interests of the medical profession of the country ,and the following year he founded the Medical Record, requesting Dr. Shrady to become its editor. A few years later he purchased the *American Journal of Obstetrics,* edited until 1891 by the late Dr. Paul F. Munde, and since that time by Dr. Brooks H. Wells. For several years the house also published the *American Druggist.* Mr. Wood remained the active head of the house to the time of his death, but for the last four years had devoted his chief energies to the conduct of the Bowery Savings Bank, of which he had been a trustee since 1872, and to the presidency of which he was elected in 1903. Under his guiding hand the influence and prestige of the bank continued to increase until, in July of this year, its deposits reached the sum of over $100,000,000.

Mr. Wood was an active member of many public societies. He was a director of the Young Men's Christian Association for seven years, and a manager of the American Bible Society for twelve years. He was a life member of the New York Historical Society, the American Pomological Society, and the New York Horticultural Society; fellow of the American Geographical Society; benefactor of the New York Academy of Medicine; member of the St. Nicholas Society, of the New York Society for the Suppression of Vice, the Chamber of Commerce, the New York Academy of Sciences, the New York Zoological Society, the Clinton Hall Association, and the Orthodox Society of Friends; incorporator of the New York Botanical Society; and member of the Union League, Grolier, Seawanhaka Yacht, and Indian Harbor Yacht Clubs. His special hobby was horitculture, and he wrote several volumes on pomology and other horticultural subjects.

In 1865 Mr. Wood married Miss Emma Congdon of Providence, R. I., who died in 1896. In January, 1907, he married Mrs. Cornelia Elliot of Baltimore. He is survived by the widow, three sons, and a daughter.

Mr. Wood was a man of strong personality and indomitable determination, uncompromising in the essential duties of life, and never swerving from the course which he had set for himself when convinced it was right. His many freinds were bound to him by cords of steel; antagonists he met as force always must; but indifference toward him none could feel. His heart was tender toward those in moral distress or physical want, and many whom he had secretly helped by brotherly counsel or by material assistance remain to bless his memory.

We are pleased to announce the opening of Thompson Hospital (Incorporated), Lumberton, N. C.

This hospital was opened for the reception of non-contagious medical and surgical cases October 1st, 1906, and owing to the rapid increase of business the management has found it necessary to enlarge the already twenty-one room building to thirty-three rooms. The charter was granted by the Secretary of State December 1st, 1907, but the organization was not effected until November 1st, 1907, at which time the following officers were elected: N. A. Thompson, M. D., president; R. D. Caldwell, vice-president; R. C. Lawrence, secretary and treasurer.

Resident Physician, Nurses, Etc.

Dr. N. A. Thompson, the president, is also resident physician and general manager, and lives upon the premises, giving the work there the most of his time and attention, assisted by Miss Amanda D. Kindley, head nurse, with a competent corps of graduate and non-graduate nurses.

Object.

The main object of this hospital is for the continued scientific study and ethical treatment of all non-contagious medical and surgical cases committed to the care of the management, as well as a special department equipped and arranged for the care of victims of the drug and whiskey habits, and mild mental cases.

Equipment.

The institution is equipped with the latest improved electrical apparatus for the treatment of nervous and other diseases, having both a static machine and vibratory apparatus. The building is supplied with hot and cold water and all kinds of baths, both medical and ordinary can be obtained at all times.

Location.

The institution is located at Lumberton, N. C., on the line of the Seaboard Air Line Railway, about midway between Hamlet and Wilmington. It is also reached by the Carolina Northern Railroad from Marion, South Carolina. A line from Lumberton to Fayetteville is now in progress of construction which will afford excellent connections for the North. The institution is located in prohibition territory and is within two squares of three churches. The town has an opera house and diversion will be afforded to all patients where such is indicated.

Financial.

The fees for hospital services, to-wit, nursing, food, ordinary drugs, etc., run from $15.00 to $25.00 per week. This does not include medical attention as this cannot be determined until the patient is seen by the resident physician and also differs very widely in different cases.

Department for Whiskey and Drug Habits.

A special department for the scientific, ethical and humane treatment of those unfortunates has been arranged and is well equipped with the latest apparatus in use for similar purposes. Private apartments can also be had, so that patients desiring to be isolated and not seen by other patients, can be accommodated. The length of time to complete the cure varies with the case and with the patient. The usual whiskey addiction case can be cured in from three to four weeks. Cases of the morphine and other drug habits require a longer stay and from four to six weeks are usually required. Patients will be discharged as soon as possible, but many patients err by wanting to leave the hospital too soon. Time is required to thoroughly eradicate the habit. No

pain whatever is experienced by a whiskey patient and he is himself again in from two to three days. The remainder of the time is devoted to the building up of the system, securing the return of appetite and the habit of sleep. In the case of a morphine or drug habitue, but little discomfort is experienced after the third day and all that is possible is done to insure comfort and rest.

Fees for medical attention in whiskey and drug addictions vary, dependent upon the length of time the whiskey or drug has been used, the condition of the patient, etc. Ordinary cases of whiskey, unaccompanied by delirium tremens, is $50.00. When delirium develops or exists when the patient is brought in, an additional charge of $25 is made. The usual charge for a drug habitue is $100.

All fees, both hospital and medical attention, are due in advance and must be paid or arranged at the time of entrance.

Correspondence is treated as strictly confidential.

References.

The ministers of the various churches in Lumberton, N. C.; the banks of Lumberton, and in fact of Robeson County; the lawyers and business men of Lumberton, and the physicians of Robeson County.

The Crowell Sanitarium was reopened January 1st, in Charlotte, for the treatment of alcoholic, drug and nervous diseases, with the proprietor, S. M. Crowell, in charge.

Dr. Archibald E. Baker announces to the medical profession that after the first of January, 1908, he will confine has practice exclusively to general surgery, gynecology and consultation work. 126 Ruthledge avenue, Charleston, S. C.

Pregnancy and Cancer of the Brest

A warning has been sounded against pregnancy following removal of a carcinomatous breast. The increase in the breast function in all respects because of the occurrence of pregnancy is likely to cause a redevelopment of the disease, even after all signs of a favorable course to recovery have been noted.—*Clinical Review.*

By E. S. McKee, M. D. Cincinnati.

About eighteen years ago I was called to see a patient, a recent arrival from Russia, whom we will call Mrs. Blankstein. She was very ill indeed, and I found it necessary to see her every day for o month, commencing December 15. She recovered and in due time I sent my bill. In somewhat over due time her husband came to my office to pay it. The following was his plea: "Mr. Doktor, dat bill you zendt mein vife, he's all dright, but vone dem visits you makes mein vife you makes him ond a Gristmas day, and, I vandts you make me a bresent dat visit you makes mein vife ond a Gristmas day." The request was so original, coming from the source it did, so different from the usual demand for a per cent. off, that I threw off the visit, made him a "bresent" of it, instead of charging him double, as I felt like doing, for being taken away from my Christmas turkey.

I have had many times the worth of the presented visit telling it to my friends. Almost every Christmas since this occurred I have been called to some sufferer, poor in this world's goods, and before leaving I have told the story of the Christmas present of a visit and made the patient a present of the Christmas visit I was then making. The happy smile, the brightened eye of the pale patient has been my reward for working while the rest of Christianity was feasting.—*Journal American Medical Association,* Dec. 23, 1905.

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Surgical Suggestions.

A fecal fistula may be made to heal more quickly by the application of the actual cautery.

Persistent bleeding or irregular prolonged menstruation is very suggestion of uterine fibroids.

Large intra-abdominal abscesses are often better drained by making a counter-incision in the lumbar region.

Woven silver wire for suture material in a recurrent hernia will often succeed when all other means fail.

Orchitis after an operation for hernia is best relieved by wet or glycerin dressing with elevation of the serotum.

The blood should be examined in all cases of gangrenous gingivitis for evidences of acute lymphatic leukemia.

Bilateral swelling of the knee joints without pain, in a child, is due either to syphilis or tuberculosis, more likely the latter.

Swabbing out a sinus filled with exuberant granulations with glycerin will often dehydrate them, making them fresh and healthy.

Stretching the anal sphincter alone will in many instances relieve an intense pruritus or a small prolapse of the anal mucus membrane.

A tumor in the soft parts of the cheek near a tooth cavity is often a dentigerous cyst. If the tumor is hard an odontoma may be diagnosed.

A large tumor supposedly a growth of the ovary may be a retroperitoneal mass, usually a sarcoma, having no connection with the sexual organs.

A moderate prolapse of the rectum with hemorrhoids may possibly be relieved by the treatment of the hemorrhoids with clamp and cautery.

A sinus leading high up in the axilla and discharging a moderately clear fluid may communicate with the shoulder joint or pleura.

A high temperature just after or during an abortion is evidence of intrauterine manuipulation, especially if the discharge from the uterus is fetid.

If a patient complains of sharp pain in the big toe, examine the urine for albumin or sugar in order to exclude a diabetic or nephritic condition.

Always examine a child suffering from chorea for the presence of adenoids. The removal of the growths in the back of the pharynx may cure a mild case.

Increasing deafness and blindness should suggest an intracranial tumor, especially if facial palsy be present. The commonest situation is in the cerebellopontine angle.

The chief causative factors in peripleuritic abscesses are actinomycosis and typhoid osteomyclitis. A careful history as to a previous typhoid and a thorough microscopic examination of the pus should be secured.

Persistent hemorrhage after the extraction of a tooth is often relieved by the application of trichloracetic acid. If the hemorrhage does not cease after its application, tamponade of the caviety is the next best available means of stopping the flow of blood.—*American Journal of Surgery.*

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Book Reviews.

PRORESSIVE MEDICINE.—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, etc. Assisted by H. R. M. Landis, M D., Visiting Physician to the Tuberculosis Department of the Philadelphia Hospital, to the White Haven Sanatorium and to the Phipps Institute; Demonstrator of Clinical Medicine in the Jefferson Medical College. Volume IV. December, 1907. Diseases of the Digestive Tract and Allied Organs, the Liver and Pancreas—Diseases of the Kidneys—Surgery of the Extremities, Fractures, Dislocations, Tumors, Surgery of Joints, Shock Anesthesia, and Infections—Genito Urinary Diseases—Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York.

Number 4, Volume IX of Progressive Medicine contains the following leading chapters:

"Disease of the Digestive Tract and Allied Organs, the Liver and Pancreas," by J. Dutton Steele; "Diseases of the Kidneys," by John Prose Bradford, M. D., F. R. C. P.; "Surgery of the Extremities, Fractures, Dislocations, Tumors, Surgery of the Joints, Shock, Anesthesia and Infections," by Joseph C. Bloodgood, M. D.; "Genito-Urinary Diseases," by William T. Bellfield, M. D.; "Practical Therapeutic Referendum," by H. R. M. Landis, M. D.

The article on Diseases of the Digestive Tract covers the recent medical contributions to this subject, the types of chronic intestinal putrefactions as set forth by Herter, in his recent book, and given in very clear synopsis, along with some practical observations by the reviewer, Dr. Steele. The forms of Intestinal Putrefaction, as classified by Herter, are (1) Indolic, (2) Saccharobutyric, (3) Combined. While there is much remaining to be done before this subject is brought to a practical basis, still this is an important stride in the right direction.

Dr. Bradford, under the heading of Diseases of the Kidneys, gives us the recent observations on increased arterial and fibrosis in renal diseases and other closely allied conditions. Very few practitioners pay the attention at the bedside, to arterial which it demands. Surgery of the bones and joints including tumors of the lower extremities and tuberculosis of the joints is very capably reviewed by Dr. Bloodgood.

Dr. Bellfield devotes considerable space in his section to Dr. Keyes' recent review of one hundred cases of Testicular Tuberculosis, and brings out some important points for the general surgeon and specialist in this field. As we have often said, all physicians should be regular readers of Progressive Medicine.

The Practitioner's Library.

THE PRACTICE OF OBSTETRICS in Original Contributions by American Authors, edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Gynecology in the University of Michigan, Ann Arbor, Mich.; Obstetrician and Gynecologist-in-Chief to the University of Michigan Hospital. Illustrated with 523 drawings and 30 Full Page Plates. Lea Brothers & Co., Philadelphia and New York, 1907.

This volume—Obstetrics—like its companion volumes, Gynecology and Pediatrics, is first of all practical, but theory, often the key to practice, has not been neglected. Each contributor has evidently developed his subject, in accordance with his own experience and observations, following, of course, a carefully designed plan, by which the different chapters fit into each other insuring completeness and uniformity and rendering consultation easy, and insuring the adequate covering of the whole domain. The contributors are well known in the department on which they have written; their experience, without which no statement can be authoritative, has been gained at the bedside, and their ability to impart knowledge has been increased by their experience as teachers.

The simplest and most logical arrangement has been adopted. In studying medicine we first learn of normal conditions and are then able to comprehend the abnormal, so in the arrangement of Obstetrics. The physiologic aspects of each condition is fully considered and then the pathologic or abnormal side is treated with detail sufficient unto the needs of the case.

The illustrations are very fine, and abundant, selected mostly from the large collection of original photographs which the editor's facilities have enabled him to secure.

This volume covers the Practice of Obstetrics completely and the reader can glean from the pages the best of that which is known on the subject.

List of Contributors.

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Henry Foster Lewis, A. B., M. D., Attending Obstetrician to Cook County Hospital; late Assistant Professor of Obstetrics and Gynecology in Rush

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Aldred Scott Warthin, Ph. D., M. D., Professor of Pathology, and Director of the Pathological Laboratories in the University of Michigan, Ann Arbor, Mich.

ANATOMY, Descriptive and Surgical. By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School, London. Edited by T. Pickering Pick, F. R. C. S., Consulting Surgeon to St. George's Hospital, and to the Victoria Hospital for Children, London; H. M. Inspector of Anatomy in England and Wales, and Robert Howden, M. A., M. B., C. M., Professor of Anatomy in the University of Durham; Examiner in Anatomy in the Universities of Durham and Edinburgh, and to the Board of Education, South Kensington. New American Edition. Thoroughly Revised and Re-edited with Additions by John Chalmers DaCosta, M. D., Professor of Principles of Surgery and Professor of Clinical Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital; Consulting Surgeon to St. Joseph's Hospital. 1600 pages. Illustrated with 1132 elaborate Engravings. Lea Brothers & Co., Philadelphia and New York.

Henry Gray died young, but left in his masterpiece imperishable evidence of his two-fold genius; on the one hand a profound capacity to grasp the structure of the human body, and on the other an equal insight into the mind and the best way of imparting knowledge. During the last fifty years frequent visions have kept *Gray* always abreast of the active development of the subject.

In this revision the editor has thoroughly reflected the progress made in the study of human anatomy since the last edition, and has succeeded in doing this without sacrificing those practical and didactic characteristics that have ever been most notable features of this work. Some minor eliminations have been made, many alterations, to keep pace with development, and a great many additions are noted. The Latin, new or international nomenclature, recommended by an international committee and generally accepted by anatomists, has been introduced in parenthesis, following the names still currently used in English speaking countries. This will familiarize the student with the international names and pave the way to its more general use which seems to be desirable by reason of its accuracy and simplicity.

The "Gray" we used over 20 years ago was noted for its illustrations and we note with pleasure that this feature has been retained and elaborated, the new edition exceeding all former edi-

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tions, both in their general quality, profuseness, and in the use of colors to bring out in detail the various structures.

In this volume the illustrations exceed eleven hundred in number, of which fully five hundred are new in this edition. The editor has evidently borne in mind the author's original purpose, namely, to facilitate to the utmost the work of instructors and students, and to afford easy assistance to the busy practitioner.

Every page bears the evidence of laborious revision, the text having been elaborated when necessary to cover latest developments, and entirely rewritten when needed. One feature that is peculiar to Gray and is appreciated by all who use the book is the engraving of the names of the parts directly on the illustrations. One other feature that

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appeals to the reviewer is heavy catch words in the text so that the student readily gains knowledge of the parts in their anatomical dependence. Taken as a whole, Gray merits the pre-eminence that has been accorded it for the past fifty years and the present edition sustains the time honored reputation of the incomparable work. The paper, the type, the illustrations, many of which are in colors, and the binding are all in keeping with the text, viz., of the highest order.

TREASURY DEPARTMENT — Public Health and Marine Hospital Service of the United States, Walter Wyman, Surgeon-General. Hygienic Laboratory—Bulletin No. 35. M. J. Rosenau, Director, February, 1907. Report on The Origin and Prevalence of Typhoid Fever in the District of Columbia, by M. J. Rosenau, L. L. Lumsden and Joseph H. Kastle. Including articles contributed by Ch. Wardell Stiles, Joseph Goldberger, and A. M. Stimson. Government Printing Office, Washington, 1907.

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"An' now, God, please take great care of Yourself, 'cause if anything should happen to You we'd only have Mr. Roosevelt—an, he hasn't come up to papa's expectations." — *Everybody's Magazine.*

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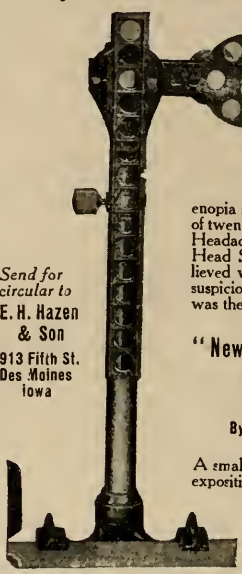

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The Tri-State Medical Association of the Carolinas and Virginia (only members of State Societies eligible). Next Annual Meeting: Charlotte, N. C. Date of Meeting: February 18-19, 1908. President, Dr. Stuart McGuire, Richmond. Va.; Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

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If a medicine is found with whose ingredients the patient is not already familiar, its use is likely to produce a beneficial effect for a few days, after which the old complaints return.—George Lincoln Walton, M. D., in *January Lippincott's.*

Mulford's Working Bulletin No. 2 has reached our desk. This bulletin treats of Tuberculin and Tuberculin Therapy, describing the action of tuberculin, the diagnostic uses of tuberculin and gives a very interesting description of The Ophthalmo-Reaction of Calmetti.

This observer has noted that in persons suffering from tuberculosis, if a drop of a one-percent. watery solution of tuberculin be dropped in the eye a distinct reaction results in a few hours, and also that this reaction is absent in non-tuberculous persons. If this proves to be reliable it marks a great advance in diagnosis. This test is fully described in this Bulletin.

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Everybody's for January, 1908.

The Story of an American Home. IV. By Wm. Balfour Ker. Frontispiece.

The Game Got Them. By Edwin Lefevre.

Making a Man of Him. A Story. By Joseph C. Lincoln.

The Gnomes. Verse. By Archer M. Huntington.

"De Kid Wot Works At Night." By William Hard.

A Balanced Account. A Story. By Samuel Hopkins Adams.

Some Day, O Seeker of Dreams. Verse. By Arthur Stringer.

The Parable. A Story. By Franklin Clarkin.

The Romance of the Reaper. II. Illustrated. By Herbert N. Casson.

The Guest of Quesnay. Chapters VIII-X. By Booth Tarkington.

Different. A Story. By Zona Gale.

The Autobiography of a Climber.

The Players.

Apostle. A Story. By Philip Verrill Mighels.

Mr. McCann. Verse. By Julian Street.

Cover Illustration by Louis Fancher.

Where Did You Get It Gentlemen? Chapters XIII-XVI. By Charles Edward Russell.

Little Stories of Real Life: Bill's Budzbanowsky. By Bessie R. Hoover; The One Kinship. By Joseph Kocheli.

At Fourscore. Verse. By Charles Buxton Going.

What Is a Good Man? By General Count Kuroki.

A Row of Books. By Johan Barrett.

Under the Spreading Chestnut Tree. With "Everybody's" Publishers.

Annals of Surgery.

The December number of the Annals of Surgery is devoted, this month, to general subjects. It covers a wide range of subjects and several of the articles are of unusual interest. Peterkin has an article on the "Suspender" abdominal bandage which should prove useful. The article by Jackson on Tonsillar Hemorrhage will be found abstracted. He prefaces his article with a statement to which most of us who have seen and performed tonsil operations will agree, namely, that few operations in surgery are so generally done badly as those upon the tonsils.

Owing to the fact that in the infant the pharyngeal opening of the Eustachian tubes is on a lower level than the floor of the nasal cavity every nasal catarrh is attended with the risk of involvement of the tubes and otitis media. Hence any sudden rise of temperature in an infant during the course of coryza should awaken the suspicion of commencing aural trouble.—*International Journal of Surgery.*

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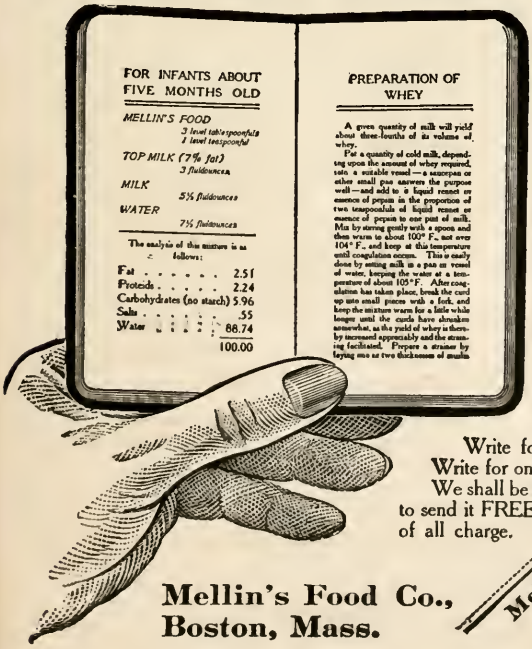
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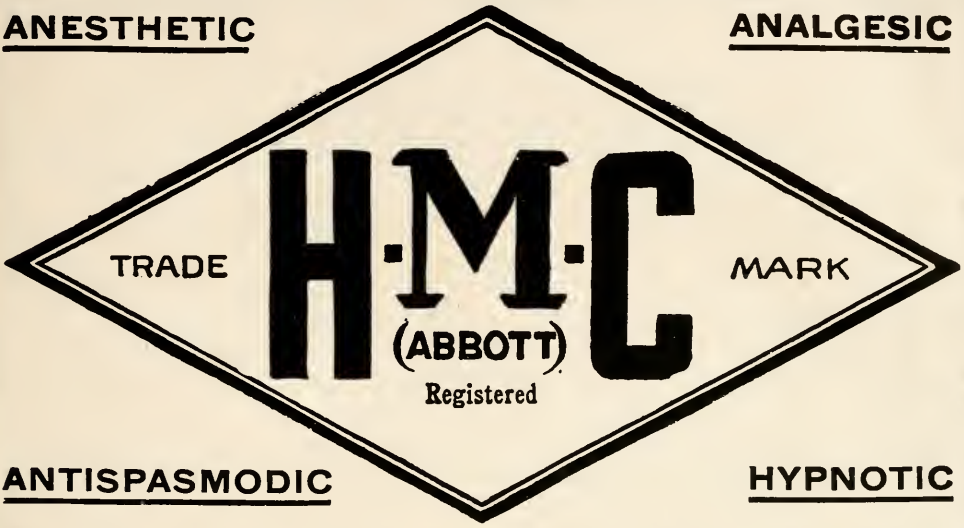

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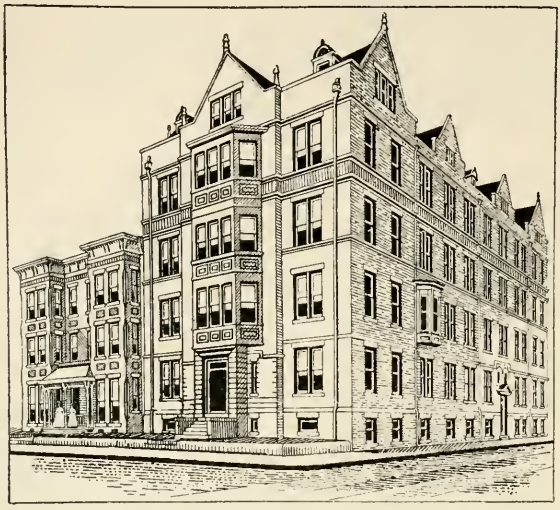

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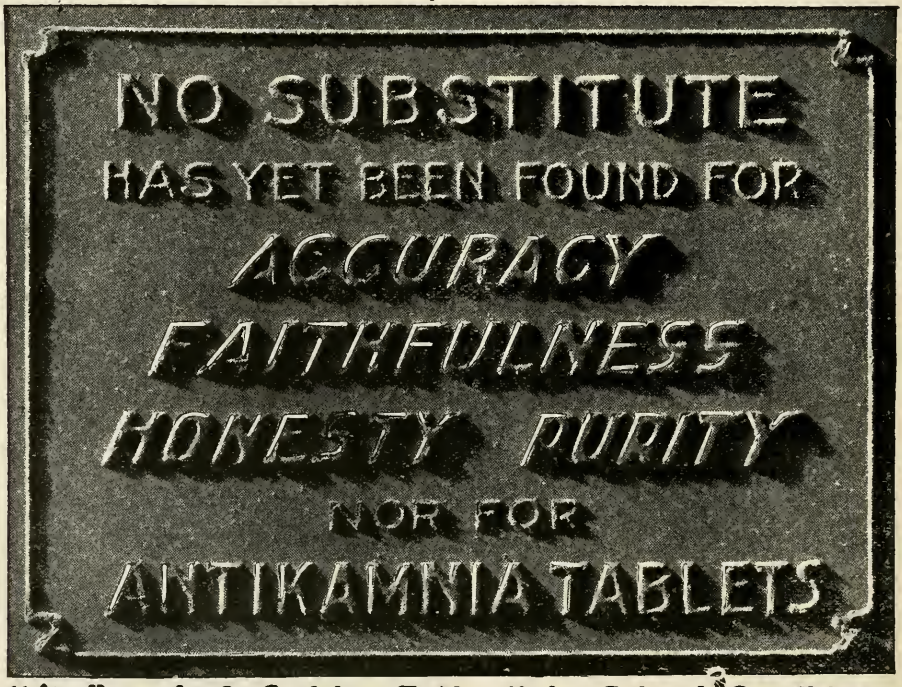

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Original Communications

Note.—

Our reasons for presenting this somewhat lengthy paper by Dr. Gould, is that it contains a terrible arraignment of many members of the profession who occupy "high seats" in our counsels, and also points out disgraceful practices in the management of hospitals common in some sections. We do not believe the conditions named by the brilliant Gould can be found in the Carolinas, but we are developing "big doctors" and are building many hospitals, and it will be wise for the "rank and file" to learn of what is going on elsewhere and be on the guard. —W. H. W.

Vocation or Avocation?

A plea for a higher conception of our profession, nobler ideals, greater desire to serve mankind, less reverence for mere "success," less subserviency to self-seeking leadership by George M. Gould, A. M., M. D., Philadelphia, Pa., editor of American Medicine, author of "Gould's Medical Dictionaries" and of "Biographic Clinics."

For professional education and medical progress one small medical college, especially if located in a little, instead of a large, city, is worth any two big medical colleges. As a rule the greater the size of the classes, the more famous the professors, then the more untrue the teaching, the more immoral both teachers and taught. Success, ambition, politics, greed conservatism, the dirty kind—are more certain to rule the minds and kill the hearts of the men in control of the huge institutions than those of the small ones. This is because the ambitious self-seeker and

medical politician chicanes for and gets the professorship.

The Rich Should Help the Little Colleges.

The duty of the rich and of the endowers is, therefore, to avoid helping the unwieldly and inethical schools with their (often) ill-gotten wealth; they should help the little colleges. The more the money the less the therapeutics. Everyone who may influence a young man beginning the study of medicine should do his best to keep him out of the big college and to guide him into the small one. The greater the student-body, the worse the teaching. The more pompous the professor, the quicker he should be laid aside. The greater the boast of "science," the more really unscientific. When professors are paid enormous salaries by lay commercial companies, their science is pretty sure to be unscience. Did you ever hear of a professor in a huge political medical college making any valuable medical discovery? If you have heard of such cases, did you ever personally know of one? And, according to some of the members of the Council on Medical Education of the A. M. A., three-fourths of the 4,000 annual graduates of American medical colleges are too poorly taught to practise medicine intelligently. The chairman of the Council says 58 per cent. of those who fail to pass the state boards "cram up" and pass the examination a few weeks later. Dr. Ingalls says that out of 150 American medical colleges 144 are not up to standard in their teaching. Possibly he meant the six were the six biggest colleges. If so, I beg leave to differ, absolutely.

The Charlatanism of the Strutting Professor.

Of all amusing and yet disgusting things we see every day the most egregious is the fawning upon and adulation of the rich sick and the sick rich by our hysteria doctors and leading consultants. Thousands of these pitiful patients are being "rest-cured" out of their money and health with no attempt to learn the causes of their diseases, and with fear that the known causes will become widely known. As a profession we have catered to this gallery-beloved melodrama. Our professors and big-wigs have played the game of strutting before the groundlings and of demanding many thousand dollar fees for cures that often never cured, and for operations that frequently were unnecessary. The medical profession should long ago have stopped this quackery of $5,000 and $10,000 fees. Every one of us knows it is charlatanism. The science and skill of the surgeon and the great *poscurs* is no greater, is often not so great as the science and skill of the family physician who for weeks or months or years combats or conquers the common diseases of his patient. And yet for infinitely more conscientiousness and care the family physician is paid a few dollars, when the operator is paid hundreds or thousands. If these high-chargers had a spark of professional ethics in their souls they would refuse the absurd fees until their brothers of the guild should be compensated proportionately for their service. If the pseudo-medical financiers will not choose to help their hard-working fellows, then these should tell the public what a fool it is to pay ridiculous sums for some of its jobs.

Because, also, we all know that the few reputation-seekers and money-makers are no better operators, and often not so good, as the quiet men who are winning their spurs. Many of the quiet gentlemen do not want spurs, and hon-

ors, and LL. D. degrees, and professorships.

Never consult with the famous, should be the motto of the honorable general physician, especially if the famous man is an extortioner, a professor, and lives in a great city. Such men are usually politicians and self-seekers who play the game, not for the poor referer of patients, and not for the poorer "clinical material." The vast majority of practitioners of to-day are exactly like the lambs which the Wall street lions and tigers, known regularly as bulls and bears, have such fun and success in devouring. The brokers and the experts are like unto the "great authorities" and "professors." If you have a little hoarding to invest, do you ask the Jay Goulds and the Harrimans what to do with it? Whether in finance or in medicine, the safer rule nowadays is not, *Trust the expert,* but is, rather, *Distrust Him!*

The Degradation of Specialism.

Especially as to much specialism! Deeper every day in degradation fall the neurologists, ophthalmologists, gynecologists, gentourinaryists. Should not the alienists as a body be examined by a special commission *de lunatico inquirendo,* appointed by sane murderers, to determine their mental condition, and particularly how far financial motives govern psychiatry? Did a fashionable neurologist ever do anything for a patient except to name or misname his disease, and humbug him? Did official orthopedics ever prevent a case of lateral spinal curvature, or cure it while in its functional stage? When organic, it is glad to try to cure it, but it never then succeeds in curing. Would you trust any patient with evident and glaring eyestrain to the "leading ophthalmic surgeon" of any large city in the United States? What right has the gynecologist to set up for himself? General surgery and gynecology, even as defined, have constantly overlapping spheres. What terranean or subterranean reason is there for the existence of the gastrologist? Is there a book on gastric and intestinal diseases which says a word about the chief cause of these diseases? And yet Professor Musser—is there better authority?—asks, "Who has not very often seen these diseases cured by the relief of eyestrain?" And the G.-U. man—well, one may not speak of him in public! And one cannot speak of him in private. Should not the general physician know about the diseases of the skin, at least as much as the dermatologist now knows? For a generation the most successful, the most scientifically and therapeutically successful proctologists are quacks, each making a hundred thousand dollars a year, and their patients never begruding them their fees. That is at once very solemn and very funny truth.

Such things arouse the question, Is it wise to have killed the family physician? If you take from him all minor and major surgery, all gastric, dermatologic, laryngologic, ophthalmic, gynecologic, neurologic, psychic, proctologic, obstetric, venereal, and laboratory diseases what is left the poor devils which the medical colleges are turning out at the rate of four thousand a year? The answer is both amusing and amazing; they are simply of use as referers to the specialists and leaders. Of what advantage is a sign-post that walks? Why not cut off the doctor's hand and nail it up with the pointing-finger, at the cross-roads? Why not have a printed form to mail or hand to every patient: "For diseases of the digestive organs consult Prof. Blank of your nearest city; for every possible and impossible surgi-

cal ailment the great operator So-and-So; if the child squints, can't study, or has anything whatever the matter with it, get its eye-muscles cut by Tenotomo Maniac, or buy a pair of specs at the department-store, or of the Eyes-Examined-Free man; for hysteria there's nobody equal to Blank, the rest-cure man; if you are a paranoiac go to the great witness of the last murder trial. If you have nasal and sinus?troubles, get your forehead bored, your turbinates removed, or your deflected septum straightened, by Noseyman; if you have headache get some phenacetin at the soda-water fountain." And so on. How is the family physician to live as a mere sign-post? In the first place, the specialists would say, "It is not at all necessary that he lives." Secondly, that riddle has been solved long ago; if the fee is sufficiently large, may it not, asks Chicago, be "divided?"

When the general physician gets in deep water, when in doubt, he should of course ask for a consultation. But as surely and as a rule let him beware, and warn the patients' friends to beware, of the famous far-away professional consultant. And before any consultant is engaged let it be understood by all concerned that the consultant's fee is to be in some sort of relation to that of the attending physician. If the consultant will not consult, gratis, in a charity case, let him never be called in when the rich patient's life is at stake.

Shall the Professor Pay, or be Paid?

Indeed, is it not becoming plain that the functions of a professor in a medical college, and especially in a big one, are so onerous that if he does his duty to the students and the hospital he should not have private practice? There is enough work connected with the hospital to keep him up to the mark in clinical and operative progress. He must read and study more than is usually possible for the non-teacher, and his lectures and instruction should be made over afresh each year. When I was a student we all had the same lectures repeated each year, and we knew exactly to a day and minute when that old story, effete joke, or eloquent admonition would invariably appear. Unless the professor is properly paid he cannot, of course, agree to drop private practice, but he may be sufficiently well paid. In how many colleges, even at present, do the professors pay the institution for the privilege of teaching? That's the way, in fact, that much private practice was formerly obtained, and is the sorry custom entirely dead? The unimaginable infamy and deviltry not infrequently exhibited in the race for a medical professorship are not outdone even by our ward bosses and legislators.

Men do not do such things for the love of pedagogics or science. Within twenty-four hours after securing his professorship for which he had fought and chicaned for years, a medical politician had closed a contract with a layman whereby, because of that professorship, the professor received another salary much greater than that his medical college gave him. Sometimes the bitter personal rivalry of two teachers, for instance of surgery, results in a bifurcation of the professorship. Each professor of course must have a ponderous textbook and teach a different surgical practice and philosophy from that of his hated rival. The poor boys are sure to fail in their examinations if they answer a question as the rival would have it answered. The divided skirt professorship of course does not last long, for the "worser" man is certain finally to kill off his colleague by

some method—usually by the football tactics of hitting when the umpire is not looking.

Surgery Should be Appealed to Only when Therapeutics is Impossible.

When I was studying medicine, and also while an assistant in an out-patient department of the hospital, I found my fellow-students were always interested in operations. They would crowd about the operator, while I was left with the patients who had pain or organs acting badly; functional diseases did not interest them much. When I asked what caused the surgical disease I was stared at as if I were "cracked." When I asked if the surgical disease couldn't be prevented it was evident that I was stark mad. If it was surgical disease with its dramatic blood-and-thunder professor that aroused greatest interest, the little balance of interest remained for inflammatory diseases. These were treated and treated and treated, but if I asked after etiology and prophylaxis, I was again stared at with lifted eyebrows.

I was by no means convinced I was a fool, and I did not lose heart. My conscience kept hammering at my cowardice that "the way to get rid of disease is to prevent it." Surgery is the despair of curative medicine, and must be appealed only when therapeutics is absolutely impossible. So when I began practising I had a tough time of it. I did not hunger for operations, and I found the operator was often operating when it was unnecessary, and he had no care whatsoever in preventing other patients from coming down upon the operating table. He did not inquire how functional and inflammatory diseases are caused, and how they degenrate into organic and surgical diseases. I found that as I myself became interested in surgery I grew indifferent to my duty to prevent surgery. I saw my colleagues, many of them surgery-mad, writing articles, buying instruments, "pipe-laying" for surgical offices and professorships, and never once thinking of their duty to prevent patients from becoming hopelessly, surgically, and organically diseased. So I renounced surgery, except minor and constructive operations; with the renunciation, of course, went the piles of money, the secret desire to be famous, to get honors, professorships, and the rest. It was not for me to be one of "the leading ophthalmic surgeons" of my day or city.

Using your Position to Feed your Fame.

Notwithstanding this and without my solicitation I was offered two hospital positions which were avidly sought by others. After accepting one, I found men were using their positions to feed their surgical fame, and that the "clinical material" of hospitals was considered as vivisection material, stuff to practice upon to turn over to the underlings if not wanted by superiors, etc. Indeed, I was advised by superiors to have the poor dispensary patients come to my office and sit about the halls and waiting rooms to make an effect upon private patients, and the rest. Moreover, I could get some money out of the poor if I worked the affair cunningly. My answer to all that was—my resignation! And later I resigned a higher position as visiting surgeon because I found that there was here no attempt at discrimination between the needy poor and those who could pay. I became convinced that the average dispensary patient was able to pay a small fee, many of them large ones; that the refraction work, the great vitally important thing, was most bungling done in such dispensaries and

could not cure the patients of their thousand eyestrain diseases.

The conviction grew that physicians should do this work privately and better than in the public places; that they should have the small fees which the patients could pay; that it was money and health saved for these patients if they sought and got such service privately. The conviction became more fixed that the hospital and dispensary business is overdone, and that the profession has been foolish to encourage the overgrowth, the graft and the craft, by its negligence and participation in the abuses, and by giving its service for nothing. Thousands of physicians are struggling for a living while compelled to do poor and hurried charity work, which in reality is not genuine charity either to the receiver or to the giver. And what is true of this specialty is generally and more or less true of all others. We all know that there is a vast amount of sham, deceit, and wrong in the whole affair. There is a false and hypocrite sentimentalism masking cunning commercialism and medical politics. Clinical material is needed by the medical college for teaching purposes; but to-day thousands, even millions, are treated to glean out the rare or striking case neded by the professor to attract attention or get him future consultation practice. If he wanted to teach common medicine, not the curiosities and "stunners," the mobs would be differently used and those able to pay would be made to pay. The hospitals and free dispensaries now go into competition with their own graduates just being sent out. It s unjust; it is an outrage, which a higher professionalism will stop.

And it extends to many of the asylums, homes, and institutions for the defectives and delinquents. I visited a blind asylum not long ago, and the first thing I noticed when I entered the grounds was that these "blind" ones were playing a breezy game of baseball. The batters hit the ball and the fielders caught it as well as many league players. Among the inmates I found albinos, and others who could have been given fair vision by glasses, and others who with a bit of surgery could have earned their living. Salaried men were traveling through the land to secure patients. In this and other institutions it was not the aim to make the inmates self-supporting by teaching them how to go out and make a living by their own efforts. It is not to the pecuniary benefit of the institutions to make the inmates earn their own living, but to prevent them from doing it. A teacher of deaf mutes tells me that the schools and asylums for the unfortunates do all in their power to keep the inmates in the institutions and dependent upon charity. The truth is that all blind and deaf-and-dumb persons can make their own living independently, if they are not taught to "lie down on the community," and if they are encouraged a little to work for themselves. Blind "tincup men" by illegally parading the streets can make better wages than at honorable work, but that evil has one good at least—that of punishing the poor sillies who give them money.

Common Hospital and College Graft.

We need to examine calmly the abuses of the big hospital of the big medical college of the big city. Private endowers, and the taxpayers of the city and state, are wheedled or forced to give their savings to found and keep up these institutions; and all of us know that the whole affair is largely a fraud, and that they are being corrupted for personal and selfish purposes. Do the professors charge no fees for lodgers

in the private rooms? Why should a charitable hospital go into the hotel business and let rooms at $25.00 or $50.00 a week?

Every doctor in a large city knows that the staff members of dispensaries and hospitals are using the charity clinics as feeders of the private office, and that good incomes are secured by the trickery. Those physicians who will not or cannot secure these hospital positions are compelled to establish private hospitals and sham dispensaries in order that they may march in the great parade of Success, formed by their professional rivals. But, even then the majority of the profession have no share in or help from the big hospitals. So overdone is the big hospital business that large sums of their charity money are spent in advertising for patients. In at least one state, Pennsylvania, unimaginable abuses and incredible corruption are bred by the shamelessness of the scramble for the undeserved money of the gulled public. Do you know that Quay riveted the manacles and mouth-padlocks of his vile political machine upon Pennsylvania by means of these hospitals and charitable institutions, i. e., by means of the criminal participation of the medical profession? Several hundred of these supposedly benevolent and teaching institutions have several thousand trustees—all in fact, of the most powerful, learned, rich, or influential men of the state.

The state parcels out millions of dollars a year to these institutions, precisely in accordance with the help these thousands of trustees render the Quay and Penrose machine, or exactly, at least, according to their silence as regards machine infamies. One man of these thousands of trustees once dared to raise his voice in opposition; the machine warned all the doctors, who forthwith deserted the brave opponent, and now woe to that man and his institution and the hospital of his choice. At once the succeeders ask the Harrisburg ring for the millions and they do not even care to defend themselves against the following argument: There are a thousand private colleges and private charities, and a million taxpayers disbelieving in the peculiar methods of education carried on by the state-fed institutions, and deeply believing in their own or other institutions not fed by the State! Why should they be taxed out of their millions for private enterprises they do not like?

So great is the rivalry of the hospitals for this state "graft" that according to the poorly hidden mathematics of one, by simply dividing the total number of night patients by the total number of cots, it comes out that on the average over two patients slept on every single cot every night of the year! Is there anyone who does not know that the statistics of the annual reports of dispensaries and hospitals are often a mass of lies? Even after the theft of many millions to build our *sine-Quay-non* State Capital, the ringsters will find money to reward their obedient servants.

Against this orgy of unconstitutional rottenness only one legislator—thank God there was one—dared to raise his voice in protest. On May 3 of last year Representative Reynolds said:

"Many of the bills we have passed are ridiculous. It is in the matter of giving away state money for hospitals and other semiprivate institutions that this extravagance reaches its climax. The time ought to be here when a sick woman, a room, a donated blanket and the services of a doctor are no longer the nucleus of a hospital. Yet with

only this outfit you can call the establishment a hospital and come asking state aid and get it. I tell you frankly that I am ashamed of some of the bills I have introduced here to get public money, and the only excuse is that others do it. We are sowing the seeds of scandal, and I predict that unless this lavish throwing away of state funds is stopped, and that very soon, there will be added to the history of Pennsylvania a chapter darker than that which marked the corruption when the State was being looted for railroad-building enterprises."

I know of but one physician who has dared to speak against the infamy as Mr. Reynolds has done.

The modern hospital is frequently in fact not unlike an illegitimate foundling; the endower thinks he has done his entire parental duty in putting a bag of money in the child's basket and, paying no further attention to it, leaving it for the lady patronesses, wet-nurses, artificial foods, incubators, and medical men to bring up. Of course the "charity" hastens to become very selfish and cunning, and the treatment—oh, the treatment!

The man whom the American profession seems most to honor—probably because he shows his opinion of it by deserting it—does not believe in treatment, at least any that can cure; he never cured or cared to cure a patient of disease; he amused himself and patients suffering with gallstones and with astigmatism and floating kidney, by treating them with wet-packs, learned lectures, and more learned textbooks; denied at first and until impolitic that the stegomyia had anything to do with yellow-fever—and so on! Of what use is the medical profession if there is no cure for any disease? Indeed, for a long time, now, the Medusa-head of therapeutic pessimism has been peeping out from under the wig of anatomic pathology and medical atheism.

For a generation the surgeons have been sneering at everything but surgical disease; the pathologists have long ago settled it that there is really no functional disease, and that it is only our microscopes that are at fault when we cannot discover the bug of senility, the lesion in foolishness, or the tumor in megalomania. The gastrologists practically admit that the surgeons should get their patients after they have thoroughly pumped their stomachs and purses. But at last the neurologists have come into the open and have flung away their wigs. Snakes instead of hair are not pleasant to look upon! "Neurasthenia," it seems, has "passel," and with it hysteria—all the thousand forms of habitual peculiarities in many women and children. Such patients, one and all, are simply insane, and that's an end on't! What a world, when all but a few Americans will be in asylums commanded by the only sane men, the neurologs! And nobody curable! One-fourth or one-half of all the asylum inmates will have lateral spinal curvature, but the othopedic surgeons will smile when you suggest that the etiology is known, and the prevention also. The superintendents of the thousands of epileptics will be "disappointed" if a possible cure or methol of prevention is suggested. Forty percent of all inmates will be enduring the agonies of migraine, but the moribunl ophthalmologists will wink at the decadent neurologists, and tap their foreheads significantly as the refractionist passes by.

"Leaders" do not Lead, but Oppose Medical Progress.

That the "leaders" do not make medical discoveries, that they never lead, but that they oppose medical pro-

gress and deny medical discoveries, is illustrated by the history of every step in professional progress; but chiefly by the history of vaccination. The great Royal Society, all of the official leaders of English medicine, opposed and fought Jenner when he labored to secure the establishing of the truth. But it now is clear that Jenner did not discover the immunizing power of cowpox, and that far from making the first scientific demonstration of cowpox inoculations, and of their power against subsequent smallpox inoculations, Jenner waited twenty-two years after the grand old farmer Benjamin Jesty had dared these things before he inoculated the Phipps boy. And the leaders of to-day laud Jenner as the discover of vaccination!

These leaders always make monuments for the men they themselves have first made martyrs. A national committee should be appointed to learn why we as a profession honor the living frauds, hypocrites, and bigots, and never the real discoverers until they are dead, and why we usually honor the great dead for the thing they did *not* do. The case of J. Marion Sims, martyrized by the New York City medical leaders, shows that America has only dishonor for her greatest and best medical men. The leaders Hodge, Meigs, and company, succeeded in silencing Holmes as to the contagiousness of puerperal septicemia, but did Hodge, Meigs, and company ever acknowledge their crime? Men who are modest, who are not politicians and unprincipled schemers, can not, as a rule, secure medical fame and wealth for themselves or recognition of great new medical truths for their patients. Great universities are prostituting themselves by giving all sorts of honorary degrees, for purely selfish purposes, to men without any just claim to them. If you want to be an LL. D., don't do anything for the good of medicine or humanity! Be a cunning fraud!

Let me epitomize the illustrative history of one of my patients who fainted from exhaustion. He was a poor mechanic whom the scientific neurologist ordered to the surgical operator hungry for practice and with empty hospital wards and private rooms. Jumping out of his touring automobile the surgeon trephined big holes in the poor man's head but found nothing to justify the prearranged diagnosis of Jacksonian epilepsy; the neurologist and surgeon rendered dozens of bills, even for the nurses, and for the cot on which the man lay, and they got a thousand dollars from him; then turned him adrift uncured, with the insult, "We have done our part, it is now up to you to get well."

Another patient of mine was told by a neurologist that she had "neurasthenia," and was sent to a sanitarium—and have you ever considered the wondrous growth of these hundred of sanitariums? But a pair of glasses cured her in a day. The "science" of this neurologist teaches him that there is no such a thing as a reflex in the human body, physiologic or pathologic.

Another patient was charged several hundreds of dollars by an ophthalmic surgeon for a little operation. The poor farmer had ten acres of land, which he sold to pay the surgeon his fee, and then he became a day workman and finally he and his family went to the dogs. A young lawyer without income or bank account was charged by a praying surgeon $600.00 for an operation, and $50.00 each for four assistants. The four assistants never saw a cent of the money. This great man has dozens of LL. D. degrees, presidencies

and professorships and he advertises in all the newspapers!

Another illustration is this: A world-famed surgeon was to read a wonderful paper on a miraculous operation at the great medical association held in a distant city. The famous one had given copies of his paper to the daily newspapers of his city with his photograph, etc., to be reproduced the next morning after its reading before thousands of doctors in the far-away city. Something happened so that the reading of the article had to be postponed until the next day. At once the telegraph wires were heated with messages to postpone the newspaper publication for a day. It was too late, and so the newspapers had to say that they had just received a full account from their correspondent of the following marvellous discovery divulged to the scientists of X— the day before, in a paper, of course, not read. The fun was frightful—for the great professor's enemies! One of these, a great LL. D. and rival, got hold of the facts, wrote up a full account of the scandal and published it to the medical world. But, most cunningly, he published it anonymously. To-day these two great rivals entertain each other with profound bows and play into each other's hands just as if they didn't hate each other with adorable bitterness.

The end of the beautiful story is that the proposed miraculous operation was like the LL. D. proposer—a fraud. Not one of you could ever guess what it was. But the patients! Oh, *they never were considered*. A rich patient paid, in all, some $20,000 to have removed, what one of the consultants told me was "as pretty a little healthy pink appendix as he had ever seen!"

Now, the men who do these things are they who make of medicine an avocation. But all good physicians feel it to be a calling, a vocation.

The Remedy Lies With You.

You men with a medical vocation, you loathe these things I have described, outnumber the men who prostitute their profession a hundred to one, and yet by your negligence and even by your sins of commission you authorize and encourage the abuse. It lies with you whether these consultants are consulted or not. And whether you buy the medical journals and books they control and own and write!

This vogue and false reputation of the false leaders comes largely from your carelessness as to your medical organization officers and cliques, your paying your money to misleading leaders and self publishing publishers of journals and books. What possible excuse is there for the torrent of textbooks by professors and rivals on "Practice" and on every imaginable rehash of old or stolen medical knowledge which the egotism of authors and the cupidity of publishers pour forth? It is you who buy these thousands of useless books, most of them at double the price you should pay for them, even if they would do you good, and help you to cure your patients. Do you know how many of them are literally and absolutely stolen? I could point out to you books every line of which is stolen even to words, sentences, and surely as to ideas.

I have suffered atrociously from the thieves and know the facts. Whole articles and books and "systems" exist, not a page of which was written, and often not read, by the men credited with the authorship. One recent pompous article i na big book on an immensely common nervous disease was old medieval stuff recooked by a penny-a-liner, and one sentence only, of hatred

for a rival, was inserted by the "author." In these criminal "textbooks" and "systems" much of the best literature is not only not epitomized, it is not even mentioned. A hundred or a thousand articles and reports not suited to the authors' prejudices are as calmly ignored as if science and morality had no part in medical literature. Another illustration: A purse of $10,000 was recently made up by the medical admirers of a great medical man, because of his supposed authorship of a great literary work. But this work was not done by the assumed author, who pocketed the $10,000 of poor doctors, and then left the medical profession for good and all.

And of all the useless books in the world the most madly foolish are the many volumed composite "systems" which you buy, got up for the benefit, pecuniary and reputational, of the sinecure-hunting, popularity, mad, chief editor, next, by reflection, of that of the me-too departmental editors, but all surely for the sake of the rich lay publisher. A year or two ago the chief editor of the latest and worst of these composite systems told a friend of mine he would not write an article for less than $10 an octavo page, and that any doctor is a fool who writes for less than that. He now secures a host of "fools" to write for him at the fool-rate, while he takes hundreds of dollars a page, and all the fame you will give him. In these systems you will find little to help you practise medicine. Their knowledge is largely the false knowledge of the past, in which practical therapeutics —your great concern—is ignored, and the old anatomic pathology, long since gone to seed, is reemphasized; while the pathology of the living, crippling, amazingling common functional diseases is utterly mistated and ignored. *Not* curing the millions with these functional diseases is the source of the incomes of these leaders.

In the latest and worst of these systems the international editor-in-chief says that the best protection against quackery would be for every practitioner to have a laboratory in his office. Every quack in the land will grin with delight at that lie—grin from ear to ear! You who try to cure functional diseases and prevent organic ones know how the quacks are beating the leaders.

Did you ever think of the astonishing fact that the dead patient cannot be made alive and healthy? That functional disease precedes and causes all organic disease? That the pseudopod preceded all anatomic pods? That your work is almost entirely with the functional ailments, the headaches, bellyaches, neurasthenias, dyspepsias, constipation, nervous disorders, -algias, and -itises, etc., of a thousand kinds born of physiology and hygiene gone slightly wrong? *Why the interest in the hopeless endproducts, and the textbook indifference to the curable functional disorders, which, neglected, end upon the postmortem table?*

In the books and articles of the great editors and leaders you will find postmortemism apotheosized, and the conclusion of every page is that the end of all is either hysteria, or the surgical operation, or hopeless invalidism and death. Therapeutic nihilism is written over the gate, and the motto is, *Leave all hope behind ye who enter here.* The chief advocate of therapeutic nihilism is logically of great service to the Eddyites who quote his august authority when sued for allowing their children to die without medical service. A prominent medical journal, itself now happily postmortem, recently said editorially that every obscure gastric

symptom demanded immediate gastrotomy of the patient.

For Insomnia or Optimism—Try an Official Journal.

And these official medical journals—what a farce they are! If any of you are troubled with insomnia or optimism you should subscribe for, say, *The British Medical Journal.* Such journals are carried on for the benefit of the select few who arrogate to themselves a knowledge which has been outlived, a science which is almost as hopeless as that of Mother Eddy, and an egotism which outdoes that of this wonderful lady. Try to get into the columns of these defenders of the faith an article which advocates progressive advances in medicine, and see how you will be "turned down."

In our country just now the powers of a desirable organization of the American profession are being used for a most undesirable monopoly, for crushing out democratic spirit and independence, for extinguishing minorities and independent rival journals. Impertinence, bulimia of power, tradesunionism, are being fostered, and an insane howling about little evils is used to silence critics of infinitely greater ones. The worst abuse is being officially poured upon good drug manufacturers by men secretly in the secret-drug business, and who are carrying on far more degrading businesses than those derided. It is scarcely wise or logical to laud and support manufacturers who secretly put up thousands of private formulas, secret drugs, and "specialties" for the quacks, and then abuse the quacks for selling them. And especially if the quacks sell them to physicians!

With open eyes read the official address of President Bryant, before your own State Medical Society, and note the implication, and the between-the-line protests—protests hampered and modified by many and powerful necessities and limitations. When you have finished this reading get and read last week's address at Atlantic City of the same president. It is the most amazing mass of bombastic fudge and ungrammatic mystification. It is plain that a reorganization of the reorganization is required.

If one looks at them discriminatingly, these big medical gatherings are pretty bad and more silly. The big nonleading leaders encourage them in order to show off; the me-toos imitate their leaders; science is made the excuse for a lot of crass advertising, and worse ethics.

Our Profession Needs Real Men.

What above all is needed is physicians who are not afraid of traditional prejudices and entrenched authorities, men who cannot be intimidated either by their own ambitions and selfishness or by the tyranny of conservatism and medical politics, medical societies, organizations, or fashions; men who will speak out and act as their own consciences demand upon all professional questions. It is plain that the profession is too much taking on the depraved habits of the worldlings about us, of the craze for luxury and success which has bitten the majority of Americans.

The practice of medicine is a holy calling, a vocation; the majority hold it so; the leaders, the few, make of it an avocation, the tool of "success." We must stop that sort of disgrace. The leaders have been practising medicine for success, or what is the same thing, for money. Now, the professional murderer, Orchard, has shown that for the sake of money alone he failed to be a successful murderer. Emotion and "soul" is necessary in any calling, even in Medicine, or even in Murdering. In

view of the short life length of our people, observing that for every premature death there are two years of sickness, seeing the 10,000 of our suicides, and the many thousands of the mangled and killed by our railroads, it grows to recognition that civilization is a ferocious cannibal, mad with luxury and greed, devouring the millions of unfortunates who do not "succeed." The only withstanding forces against this gluttony of death are religion and medicine. The physician who practises medicine merely as a means of getting on, for money, for fame, for selfishness, and success, is a traitor to his profession. As individuals the divine command may be obeyed, that we may really find our life by losing it. It is an old, hard-worn truth that diseases are the warnings of the broken laws of ethics and physiology.

There is no punishment for suicide when the man is dead. The old pathology ignored the functional causes of death and busied itself only with the crude instruments, the terminal diseases, with which the suiciding weakling killed himself. The present sicknesses of the profession are to-day in their functional and curable stages, but heroic therapeutics are needed to prevent the inevitable and incurable organic diseases. The rise of the social diseases called eddyism, osteopathy, and the rest, show how far we have all gone. The luxuriant growth of crude quackery outside of the profession is the direct result of subtle quackery within it; and it is because we have not heeded the command, *Physician, heal thyself,* that we have become so infested with the parasites of unfaith-cure, bone-punching, and unchristian unscience.

Our Legislative Failures.

Did it ever come to your mind that our long, great and valiant fight for medical registration, state boards of examination, four-year courses, for medical organization and dignity, has ended in utter failure? We are just where we began twenty years ago. Then the Sick Citizen had a choice between quacks and regular practitioners and the law could not be invoked to "protect the citizen from greed and ignorance." To bring about registration, etc., one large school of irregulars had to be taken into the legal fold. There was much nausea on the one side, much jubilation on the other. How is it now? The law now demands the legalization of osteopathists, and eddyites, and Albany (not Heaven) only knows what other forms of Healers and healers.

"Progress," then, is steadily giving the former unlegal and despised quack a legal and professional status. Isn't that an atrociously funny result of the generation-long demand for professional exclusiveness and registration? But only sillies can fail to see that it is leading to the right of the citizen to choose his doctor, or his quack, or his murderer, as he pleases. And nothing in earth or heaven can prevent this democracy.

The Increase of Quackery Inside the Medical Profession.

There are so many quacks within the profession that a sick man must choose carefully if he sticks to the regulars. The law has validated the larger choice, and tradesunionism in our ranks has killed our own courage to withstand the demand for the legalization of quackery. Riotous individualism, whether good or bad, is simply a fact! So the science of the textbooks, of the "leaders," and of the laboratory can help us little when it comes to the morbidities of our professional life, and of our patients.

We find in our extremity that professionalism, the new form of deism called LL. D.-ism, cannot help us, and that the patient is always an individual; his disease, unlike that of any other, and the turgid and glittering rhetoric of the self-advertising parade-writers is not helpful to us. The modest, dutiful general practitioner, especially of the smaller cities, towns and country, is likely to stand in awe of the famous city authority with sesquipedalian verbiage and titles. Professional enlightenment and progress needs that the general practitioner shall rid himself of that awe and shall demand back from the specialists the clothes of which he has been robbed—not only his cloak, but his coat, his waistcoat also, and trousers, possibly, which have gone city-wards to too reckless haste. The general or family physician is still in the majority, and he is the backbone of the profession, and hope of curing our pitiful professional scoliosis rests with this true orthopedist.

The entire ten commandments of the professional decalog are daily smashed to smithereens by the professors and LL. D.'s, and there is little to be expected for the dignity of our vocation except in the native vigor of mind and honesty of heart of the family physician. Abolish most specialism! Live to your ideals and cure your individual patient in your individual way of his individual disease. And of all unholy stupidities do not believe there is no cure. *The cure and the prevention of disease, of most all the diseases which curse our world, is possible. Perhaps not by the methods you suspect or have tried, but still, really, by some method.*

If You Believe No Disease Curable—

Get Out!

There are two ways of committing professional suicide: The first by therapeutic pessimism, the method of the old pathology, the degraded neurology, the criminal old surgery, and the unspeakable old ophthalmology; and these have almost brought medicine to death, have resulted in a state of mind in the community in which millions of people only wish to learn what the medical profession hates in order that they may love it. Your "leaders" are murdering your profession. If you believe no disease preventable and curable, for man's sake get out of medicine and go into the gambling, bucket-shop or politician's business. The second method is actually to prevent and incidentally to cure disease so that sickness will disappear. This last is the physician's way to find his life by losing it, and is a glorious way of living and dying. The causes of the diseases which produce the larger part of the sickness, misery, poverty, crime, and early death of the world are now known. But the self-made, and self-elected, leaders of the profession know nothing of these causes and hate with bitter hatred those who do know these causes, and who know that most all diseases are preventable and curable. "Distrust your leaders" is the beginning of medical wisdom. Look out for yourself, disabuse your minds of prejudices, and "laws," and "rules," and individualize every case of disease you have. Never generalize, as the poor "scientist" does, but study each single case as if no other existed.

Cling to the Idealism of Your Youth.

Over all and above all, cling to the ideal of your profession being a calling, a vocation, from a source higher than the love of success and fame and money. Cling to the idealism and religious purity of your youth, to the love of your suffering fellowman which lingers in the silent depths of your soul as all that

makes your soul valuable and breeds its immortality. If you do not love your patients you will not cure them. Sympathy and kindness is the condition of therapeutics. These professors and ambitious self-seekers are mostly either hypocritical or outspoken atheists. There is no god that will authorize diabolism in the name of medicine or humanity. So these scamps who practise medicine for themselves rather than their patients must get rid of gods and God. If the love of God and the belief in Him has gone out of your heart, the love of your fellows and pity for their lot will swiftly follow. Without religion, without compassion, there is no abiding medical knowledge, no lasting art of healing. Most of these neurologists with their sneer of "hysteria," when they cannot cure, and of "neurasthenia," when they do not know, most of these laboratory and ultrascientific men, are materialists; they have no ideals, and real self-sacrifice is to them impossible; most of these alienists who sell their psychialtry for an advocate's fee, most of these surgeons who would operate even for "operation *per se*,"— plus a big fee— a majority of these leaders are materialists whose souls or psyches deny psychic things in their patients; their real failure is as certain as that physical disease springs usually from psychic causes. These pseudo-professional men are living on the inherited virtues or soul-wealth of their genuinely professional ancestors. Every act and desire of their life is cunningly selfish instead of openly benevolent. The most depraved physician I ever knew did the most praying and gave the most money in supposed charity.

The Prayer of Maimonides.

Some seven hundred years ago a non-christian physician was also a prayerful, but genuinely religious man. His heart and mind were fervent with love of his brother-men, and with compassion for their physical woes. He was also most zealous in science, eager to unlearn his errors, watchful for new truth, earnest in wishing to add to the vast body of impersonal objective truth called Science—Science which shall finally, Science which can only, heal the mighty patient, Humanity, of its ills. Hallowed by the impassioned spirit of Holy Medicine, this noble physician thus invoked his God, our God, and the God of true Science:

"*Thy Eternal Providence,*" said Maimonides, "*has appointed me to watch over the life and health of Thy Creatures. May the love for my art actuate me at all times; may neither avarice, nor miserliness, nor the thirst for glory, or for a great reputation engage my mind; for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. May I never see in the patient anything else but a fellow-creature in pain. Grant me strength, time, and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. To-day he can discover his errors of yesterday, and to-morrow he may obtain new light on what he thinks himself sure of to-day. O God, Thou hast appointed me to watch over the life and death of Thy creatures; here I am ready for my vocation.*"—*American Journal of Clinical Medicine.*

Selected Papers.

The Obstetric Art.

(By Dr. Etta Charles, Summitville, Ind.)

The doctor who feels the burden has rolled from his shoulders when his patient has accomplished her delivery has underestimated his responsibilities and limited his usefulness. The art of obstetrics begins with the clipping of the umbilical cord. The labor has been conducted with as near perfect asepsis as the surroundings will permit. The perineal region has been inspected and if there is a rent, preparations for its repair are being made, while the uterus is getting its rest preparatory to expelling the placenta.

The "physician's hour" is the shortest hour spent with the patient. Hitherto you have been engaged with emptying the womb of its fruit. Now you must bear in mind the peculiarities of the female sexual organs and the delicate manner in which the uterus is held in place in the plevis by a complicated ligamentary apparatus.

The size of the uterus at the fortieth week of gestation is twelve inches in height, nine inches in width, by eight and one-half inches in thickness; its weight is one and one-half to two ounces. Involution is the change that takes place in the uterus and adnexa from the expulsion of the fetus, placenta and membranes to the complete reduction to normal size. This should be a physiological process, but often becomes pathological, as every physician knows. We must bear in mind that there must be the absorption of two pounds of uterine tissue, the formation of thrombi in the uterine walls, a rapid cell-production upon the uterine mucosa, the atrophy and fatty metamorphosis of the uterine walls, the raw placental site, the traumatism inflicted upon cervix, vagina and vulva, the dangers of septic infection. It must be remembered that there is a large, sagging abdomen above and a relaxed condition below. With all these things in mind every effort of the physician should be directed toward the induction of a healthy convalescence. It should be borne in mind that the position but varies with the position of the body. The pelvic contents influence its position to an extent, a distended bladder raising it higher by an inch or two, and a loaded rectum pushing it a little to the right.

With the patient in the erect posture with the weight on the balls of the feet the uterus lies nearly at right angles to a line drawn perpendicularly through the axis of the body. A line drawn from a point midway between the pubic bones and the umbilicus to the hollow of the sacrum will fairly represent the long axis of the uterus, and the fundus is about on a level with the superior strait. Taking this peculiarly shaped organ into consideration, we have a hollow, muscular organ, somewhat pyriform in shape with the resemblance of an hour-glass contraction at the junction of the middle and the lower third. That this junction is the weak point is apparent to any one. With sub-involution, a constipated bowel, a woman on her feet attending to household duties, what is more natural than that a flexion should follow? Edgar says, "Immediately after

delivery examination reveals a mass equal to that of the pregnant uterus at the fifth month of gestation. Its weight is 26 to 35 ounces, length 7 inches, length of cavity 5 inches. At the eighth day of the puerperium the mass of the uterus should be reduced one-half—14 to 17 ounces. On the 14th day its weight is about 13 ounces. Finally, at the end of two months the uterus has regained its original weight of 2 ounces. It can be readily seen that a uterus weighing 13 ounces can not be held in its normal position by its natural attachments if the patient does work that will place any strain on the abdominal or pelvic muscles. It is an old saying among women that "everything goes back to its place on the ninth day." The tenth day she gets out of bed, and by the twelfth day has resumed her household duties. I had one woman whom I had confined get out of bed on the fifth day, take up carpet and move into another house on the evening of that day. By the sixth or eighth week she is a palid, bloodless object, scarcely able to drag her feet, and remains so for weeks—everything points to delayed involution. Upon examination the cervix is swollen and eroded, the lips pouty, the color purplish hue, the vaginal mucous membrane feels thick and rubbery to the touch; the vaginal discharge is thick, white and curdish, excoriating the external genitals and producing an intense pruritus. The large, tender uterus in its effort to protect itself from jars incident to walking becomes adherent to neighboring structures and we have a well-developed case for the gynecologist. If the patient does not conceive again within a year or two, and another examination is made, you will find in a large number of cases, as a result of the large globe of the uterus above and the swollen, pouty cervix below, the uterus has knuckled upon itself at its weakest point, the os internum. The time to prevent such serious results is immediately subsequent to confinement.

If I have been consulted beforehand, I ask the patient to prepare three bandages of common towel crash, wide enough to reach well over the abdomen and stomach above and to the trochanters below. Darts above and below are made in order that the bandage may conform to the curves of the body. While I am waiting for my "hour" to pass, I apply this bandage myself. I turn the "T" upon the outside of the bandage and roll the bandage so as to unroll to the patient's left, allowing the patient to elevate her hips herself, if she have the strength and disposition to do so. The bandage is then pinned as tightly as the patient wishes it, and when I am ready to leave I pin a napkin to the "T" and fasten it snugly, giving directions to the nurse to loosen the bandage every three or four hours during the day and give the abdomen a gentle massage, after which she should pin it back smooth and snug. If the labor has been normal, with no perineal tears, and convalescence has progressed favorably, I allow the patient to get up the fifteenth day and to remain out of bed several hours, but she is not allowed to walk until the last of the third week, when she gradually resumes her household duties, at which time she abandons the abdominal binder and uses the pelvic binder, something like bicycle trunks, and this she wears from one to six months, depending upon the amount of stretching the abdominal muscles show and the amount of fat on the abdomen. If the patient be a woman of pride she will want to put on a corset. This I allow, choosing a corset with a long skirt, with the hose attach-

ment at front and sides. She draws up the abdomen after fastening the lower part of the corset, and there is no crowding down of the pelvic viscera, but, instead, all weight has been taken off the pelvic contents and there is a feeling of comfort and well-being.

Finally, by a well-fitting abdominal binder you have restored intra-abdominal pressure, placed a splint to a large, tender uterus, thus favoring the closing of the uterine sinuses and favoring involution. A woman, if possessed of one atom of beauty, is entitled to its preservation.

*Read before the Madison County Medical Society, May, '07.)

English Tea Habit.

How An American Business Man Tried to Overturn a British Tradition.

In *Everybody's Magazine* for February, Samuel G. Blythe tells the story of the collision of an American business man with the English tea-habit. He had gone to London as the manager of one of the biggest enterprises in which American money is invested. He was formally introduced to all his heads of departments on the first day he went to the office. After everybody had strolled away and he had turned to his desk, a small clerkly looking person approached him and said: "Please, sir, I wish to know if we can have some new tea rings."

"Tea rings?" said the manager, "what in the name of the Thames Embankment are tea rings?"

"Rings we put on the stove when we make our tea, sir. Thank you."

"When you make your tea?"

"Oh, yes, sir; we have our tea regularly every afternoon. Thank you."

The manager looked into the tea business. He found the clerk was right. The whole office force quit work in the middle of the afternoon and drank tea. The proposition did not appeal to his American mind, so he issued an order stopping the tea-drinking. There was a wild protest. Here was this American overturning the precedents of centuries. Here was a man who dared to deprive the Britons of their tea. The manager held out a month and then capitulated, for his board of directors stood with the clerks. The directors drank tea too. He rescinded the order, bought the new tea rings, and kept tab on the amount of gas used in brewing this necsesary beverage. He discovered that the tea-thirst of the clerks in his offices cost the company for gas used to brew it $385 a year.

The Mop as a Germ Spreader.

Dr. H. J. Whitney, of Davenport, Wash., writes concerning the mop as an agent in spreading disease. If any member of the family should vomit or a child pass its feces on the floor, the mop is brought into requisition; and without sterilizing, the same mop is used to mop the dining-room and kitchen floors, without a thought that is it reeking with germs, and spreading the same. Here is food for thought. This may explain many cases of mysterious infection.—*Med. World.*

The French physician who discovered that red light has a favorable effect on disorders of the skin discovered what is supposed to have been discovered long ago. It was an old custom to use red curtains on beds of persons suffering with smallpox or other eruptive diseases.—*Richmond News Leader.*

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See Pages 88 and 89

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A Monthly Journal of Medicine and Surgery.

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Editorial.

The County Medical Society.

We believe in the County Medical Society and our earnest desire is to see it flourish in every county in our State. We desire to publish many of the best papers read before these societies and to encourage and aid in developing an interest in these gatherings of medical men we will devote a department to The County Medical Society in which we desire to publish suggestions for rendering these meetings more interesting. Any doctor having good ideas along this line is invited— *and expected*— to "commit them to paper" and send them to this department. This month we are presenting the first suggestion, sent us by Dr. Charles Z. Candler, of Dillsboro.

Let us have a flood of such suggestions, and also send us for publication the strong papers read before your societies.

Important Notice to Subscribers.

On account of new postal regulations by the terms of which papers will not be carried through the mails as second-class matter to subscribers to monthlies in arrears four months, we are forced to request all subscribers to the Carolina Medical Journal who have not "paid up" to do so promptly. The matter is beyond our control, and its violation by us will cause a forfeiture of our second-class postal privileges. It is just as easy to pay in advance as any other way, and is vastly better for the publisher. Bills are being mailed to all our friends, and we ask your prompt response.

Dope Versus Liquor.

"Norfolk sends out a press dispatch which is almost beyond belief. It states on authority of a Portsmouth physician that there is a drug store in the former city which sells on an average of fifteen gallons of laudanum a day and another whose sales of cocaine amount to ninety dollars daily. This is hard to believe; nevertheless such

an announcement is made in an Associated Press dispatch from Norfolk. If that be true it is time the moral reformers were turning their attention to the dope habit and letting the liquor habit take care of itself for a while longer as it has done for these many years. There is more evil and wreck of character in the fifteen gallons of laudanum and ninety dollars worth of cocaine sold per day by those two drug stores than there is in all the whiskey dispensed over the bars of all the saloons in that city. Can any one deny that statement? Beyond contradiction the assertion can be made that the so-called dope habit is greatly on the increase in this whole section of the country. It is an evil far greater than the free use of spirits and it is one that calls for as great—if not greater—exertions of the sober-minded class of our people to check."

The above is clipped from one of the daily papers of the state. Like the writer, we look upon the statement as beyond belief, and agree with him fully as to the evil of the dope habit and realize that it is on the increase. Of the comparison as to the amount of evil of the two drug stores and all the bar rooms of the city we will not write. Both are evils and both call for the "exertions of the sober-minded class of our people to check."

Two factors are prominent in the extension of the dope evil. Patent medicines, it is well known, do more to foster the habit of self-drugging and doping than any other one cause. Members of the medical profession in prescribing, recommending, or endorsing nostrums of unknown composition are parties to this fraud upon the public, and the newspaper press of the day in advertising the cure-alls, specialists, and patent medicines generally is a good second, if not the first factor in developing and extending the dope habit. Take away these two influences and the patent medicine industry would be practically wiped out in a few years.

How much of the laudanum and cocaine habit can be laid to the door of the medical profession there is no means of saying, but the responsibility of the druggist often, too, as a counter prescriber, can not be questioned.

Personally, the writer, as well as a large number of the profession, deplore the extent of the dope evil, and wish to curtail it, yea, stamp it out. The effects are realized, and the sources are appreciated. As citizens we can offer our protests. As a profession, consistency will not allow us to throw stones at the newspaper or the pharmacist, since, as a profession, our skirts are not clean, "'tis pity, 'tis pity."

The Medical Department of the Army.

It is to be hoped that the present National Congress will do something to relieve the conditions surrounding the medical department of the army. The stigma upon the profession in the estimation in which it is held in army circles is deplorable, but this is but a small matter to the nation in comparison with the short-sighted policy of the powers that be in the ungenerous if not niggardly dealings meted out to this branch of the service. We have before noted the difficulty in securing applicants for positions in the medical corps of the army, owing largely perhaps to the field being such an uninviting one under present conditions. Wood hall (Clycop. Med., Nov., '07), in writing of this subject gives the information, that the peace footing of the army is 40,000 to 60,000 men, and that the legal allowance, at present, of medical

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officers is for a strength of 42,000 men. He further says: "Is this right? Is such parsimony in any sense economy? It is trafficing, worse than trafficing, it is gambling with human lives."

This is the condition on a peace footing. In case of war with the army largely augmented, the medical department would be badly handicapped, for army surgery is a specialty that requires time, talent and training for proficiency.

Woodhull advocates also commensurate rank for medical officers, stating that the medical department has only one-half to one-eighth as many positions of high grade to which its juniors may ultimately attain, as other departments of the army.

The President has recognized both the situation and where lies the responsibility and in his message to the present Congress advises a large medical corps for the army, calling attention to the fact that in the war with Spain the greatest loss of life was with the regiments that never left the country, and this was because the various Congress for the past generation had failed to make suitable provision for this branch of the service. The following is quoted from this part of the message:

"Unless ample provision is now made by Congress to put the medical corps where it should be put disaster in the next yar is inevitable, and the responsibility will not lie with those then in charge of the War Department, but with those who now decline to make the necessary provision. A well-organized medical corps, thoroughly trained before the advent of war in all the important administrative duties of a military sanitary corps, is essential to the efficiency of any large army, and especially of a large volunteer army. Such knowledge of medicine and surgery as is possessed by the medical profession generally will not alone suffice to make an efficient military surgeon. He must have, in addition, knowledge of the administration and sanitation of large field hospitals and camps, in order to safeguard the health and lives of men entrusted in great numbers to his care. A bill has long been pending before the Congress for the reorganization of the medical corps; its passage is urgently needed."

His Excellency might have added what is pretty generally known to the profession at least that the failure to pass an army medical bill by the last Congress, was on account and by the rulings of its speaker.

The Army Medical Bill.

Editor Potter of the Buffalo Medical Journal, writes of the bill now before Congress relative to the medical corps of the army. All the fault is not with the speaker, according to Potter. The average congressman plays to the galleries, and when the galleries demand a hearing on the bill, it will be forthcoming. Here is his closing plea to the profession:

"The medical profession can materially assist in forcing the bill forward. The Journal can say positively that if it comes to a vote it will be passed and a great service done the country by giving the surgeon general of the army an efficient medical corps of sufficient numerical strength.

Every medical man should write to his congressman a personal letter requesting him to make a personal effort to bring the army medical bill before the House for action. Then the average politician who controls the destinies of bills may hear the voice of the gallery."

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Medical Legislation.

An editorial on this subject in the Cleveland Medical Journal (Dec., 1907), insists that action, and very vigorous action, is essential to overcome the effects of antagonists to legislation proposed by medical societies. Legislators can hardly understand the fact that such proposed legislation is for the public good. As we have some of these troubles here the advice given to meet the situation is here appended:

"No matter how much enthusiasm is shown by physicians in this matter, a very practical demonstration by financial contributions must play a prominent part. There are certain legitimate expenses that must be defrayed to secure the passage of bills; for instance, the best legal talent must be secured to draw up the bills correctly in the first instance, and to watch the construction of amendments that are offered,—changes that often entirely nullify the whole intent of the original bill. If the measures we desire are to become laws, a certain amount of lobbying must be done, no matter how distasteful it may be, but we are forced to offset the tactics of our opponents in whatever way will prove most effectual, and experience has shown that personal attendance by a committee and heart-to-heart talks with the legislators are indispensable. The expenses of this committee should be met by contributions from the whole profession. The Academy of Medicine of Cleveland has therefore issued an appeal for funds to assist this worthy object, and we can only urge upon every physician that it is his duty to contribute as generously as possible."

Mamary Cancer and Pregnancy.

In the increased interest manifested in the study of cancer in the past few years anything bearing on the question should be of some concern to the physician as it may be of service in solving a vexed problem. Cheesman calls attention to the dangers of pregnancy following operations for cancer of the breast (Buff. Med. Jour., Jan., '08), with reports of cases. That mamary cancer assumes a specially malinancy under the stimulation of pregnancy is alluded to as well as the work of Blaston in ablating the ovaries in late inoperable cancer of the breast with beneficial results. So it is shown that mamary cancer may be stimulated or retarded according as the uterus and appendages are rendered active or functionally obsolete.

Two modes of association of the uterus and appendages with mamary cancer may attack the breast during the course of pregnancy, or pregnancy occurs as a complication of already existing cancer. Either will stimulate the disease to increased malignancy and rapidity of growth.

Cheesman reports a case of each kind, both proving rapidly fatal, and the gist of his warnings are in the following extract:

"I have asked myself that question many times since, and I would ask my colleagues to-day: *Why have we not warned breast cases of the dangers of pregnancy?* Of course the cases suffering from our omission have been few in number, unfortunate rarities, I judge, of surgical experience. Cancer attacks the breast commonly late in life, well after the child-bearing period. But not exclusively then. The circles of incidence of the two conditions intersect and overlap to a considerable extent. So that there is a period of ten to fifteen years in which a small percentage of women are liable to both

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conditions. But even if the number of such women were too small to affect the statistics underlying operative prognosis, even if we see but one or two such cases in a long surgical experience, we shall not escape the condemnation of conscience if we fail to individualise in their favor, and admonish them of their peril.

I do not know whether others have recognized this danger and this duty to their patients. If so, they have failed to indicate it in the literature. A research carried on for me in the library of the Syracuse Academy of Medicine fails to bring to light any evidence that the subject has received attention. I am constrained, therefore, to believe that the danger has not been clearly appreciated, and that once notice is drawn to it, others will wish, like myself, to include in the advice given patients after operations for malignancy of the breast, a warning against pregnancy."

The County Medical Society.

By Dr. Charles Z. Candler, Dillsboro, N. C.

There are many ways by which the County Medical Society can be made both profitable and interesting, but the most important of all is regular meetings. Men in rural districts are often compelled to travel many miles, and in a great many instances over rough roads, in order to attend the meetings of the county society. Only those who have done this know how discouraging it is to prepare a paper, and after leaving their work and traveling a considerable distance find that, on account of *"very urgent calls,"* some, and in many instances, all the members, have been unable to be present.

The reading of papers and free discussions at every meeting bring medical men in closer touch with each other and the result is professional feeling is better, and the too often jealous spirit that exists, especially among physicians in the country, is lessened, if not entirely done away with. When doctors come to know each other more intimately, not only from a professional but a social standpoint as well, the sailing is always smoother; their ideas on different subjects are exchanged more freely, and that friendship which should exist among all professional men (but more especially doctors) can be brought about about in no better way than by the regular and well attended meetings of the County Medical Society.

Abstracts.

Hip Disease.

Graham in American Journal of Surgery reaches the following conclusions:

1. Early diagnosis is most important. No method of treatment can restore the golden moments lost by neglect or failure to make an early diagnosis.

2. Early diagnosis is not only possible, but easy if one understands the characteristic symptoms of hip disease.

3. In the early stage the greatest reliance should be placed upon limitation of motion and atrophy. If in doubt, it is far better to treat the case as one of hip disease, than to lose the golden opportunity by confusion. Later, pain, lameness, knee pain, night cries, the attitude of the limb, and swelling will clear the doubt.

4. Remission of the symptoms in the early stage is a common and frequent occurrence.

5. Differentiate from all other possible conditions. If one will take the time to study the case, a differential diagnosis can easily be worked out. The skiagraph is a great aid.

6. The prognosis must take into consideration not only the life of the child, but the amount of deformity expected, the impairment of the function of the joint, the development of abscess and the duration of treatment. The intelligence of the nurse and the general sur-

7. *Treatment*: General constitutional treatment is very important.

8. Recumbency and traction in the line of deformity should be used in every case until all deformity is corrected and until all night pain has ceased.

9. Fixation splints, employed with recumbency and traction, after deformity is corrected, will do much to reduce the proportion of abscesses.

10. When a fixation-traction splint is first applied, the child should not walk,

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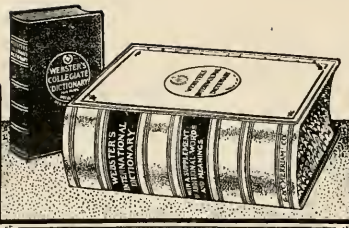

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The Tri-State Medical Association of the Carolinas and Virginia (only members of State Societies eligible). Next Annual Meeting: Charlotte, N. C. Date of Meeting: February 18-19, 1908. President, Dr. Stuart McGuire, Richmond. Va.; Secretary-Treasurer, Dr. J. Howell Way, Waynesville, N. C.

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but should continue the recumbent posture for a few months, until it is certain that the fixation and traction are sufficient; then it should use crutches.

11. Good traction must be secured, especially at night.

12. To maintain good traction, frequent examination and adjustment of the splint are necessary. Attention to small details has much to do with the ultimate success.

13. Traction splints without fixation are not to be recommended.

14. Fixation splints will not influence muscular spasm and intraarticular pressure.

15. When an acute exacerbation occurs while the child is wearing a splint, recumbency and traction is the best remedy.

16. It is better to wear the splint too long than to take it off too early. A convalescent splint is always necessary.

17. Relapses are frequent. The most common causes are early use of the limb and the infliction of fresh injury. When relapse occurs, go back to the beginning; recumbency and traction in the line of deformity.

18. Deformity can best be corrected by recumbency and traction. It should never be corrected by splints. Forcible correction is dangerous. Myotomy, tenotomy and osteotomy, after failure of traction, give better results and are less dangerous than forcible correction by manipulation.

19. Abscesses should not be subjected to operation, unless the child's general condition and the location of the abscess demand interference. The best results are obtained by small incisions, irrigation and drainage. Conservative mechanical treatment gives better results than excision of foci or excision of the hip joint. If the aceabulum is involved, the disease cannot be entirely excised. Operative treatment should always be preceded by thorough mechanical treatment.

20. Hip disease can be cured without deformity and with little impairment of the function of the joint, if diagnosed early and properly treated. Simple abscess is not dangerous to life and does not necessarily prevent cure without deformity and restoration of good motion. Extensive suppuration usually ends in more or less permanent shortening.

To Massage the Uterus.

Baughman, in writing of Office Treatment of Gynecological cases (Galliard's So. Med., Nov., '07,) gives the following instructions as to how to massage the uterus:

"The massage is the most important. Well lubricated finger or fingers are introduced in the vagina to steady the uterus and appendages while the abdominal hand massages. After the uterus has been manipulated by pressing the abdominal hand well down behind the uterus trying to break up the adhesions that are holding it in Douglas's Pouch, the tubes are stroked towards the uterus. The treatment is finished by some astringent or absorbent application to the cervix and cervical canal and an icthyol glycerine tampon. This office treatment is given once or twice a week. The patient is required to take at least one douch daily in a recumbent position at home and is instructed how to insert icthyol glycerine tampons at home. I am very fond of using Petrogen and Iodine applications to the abdomen. Sometimes this treatment does not bring about results; but it is astonishing how much good conscientious and persistent treatment will accomplish in most of these cases."

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Book Reviews.

THE SEXUAL INSTINCT, ITS USES AND DANGERS AS AFFECTING HEREDITY AND MORALS—ESSENTIALS TO THE WELFARE OF THE INDIVIDUAL AND THE FUTURE OF THE RACE—By James Foster Scott, B. A., (Yale University), M. D., C. M. (Edinburg University), late Obstetrition to Columbia Hospital for Women, and Lying-in Asylum, Washington, D. C., etc., etc. Second Edition, revised and enlarged. Published by E. B. Treat & Company, 241-243 West Twenty-third street, New York. 465 pages. Price $2.00. 1908.

In the preface to the first edition the author states that "This book contains much plain talking, for which I offer no defence. Its justification will be found in the body of the work. To see men give way to their animal passions, subjecting themselves and others to so many risks of which they are ignorant, is intensely saddening. * * * The design of the work is to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere — knowledge, too, which he cannot afford to be without."

In the preface to the last edition, he says:

"A people who have tangled thoughts concerning their customs, amusements and general rules of life, cannot fail also to have crooked ideas as to what is right and wrong. Some of them, however, will wish to do right after a plain demonstration of what duty demands."

We cannot do better in bringing this volume to the attention of the profession than to say the text is well written in an easy flowing style, and the author gives evidence almost on every page that he is thoroughly in earnest in his effort to elevate the race by bringing about better sexual conditions. The matter is treated earnestly, not flippantly, and the reasoning and advice given indicate the mind of a master, that the subject is being handled by one who knows and has the courage of his convictions. The practitioner can glean many points that will be of value to him from its pages. The book will be sent prepaid on receipt of price ($2.00) by the publishers.

THE NEW FIELD—By Dr. Wm. H. Burgess (Avondale), Chatanooga, Tenn.

This little book is original. There is none other like it, and it is worth reading and pondering thereon. It tells how to use Epson Salt in new ways and to cure many diseases by the intelligent use of this simple, every-day remedy.

The author divides his work into three parts:

Part I treats of Natural Diagnosis.

Part II treats of Congenial Medication and Therapeutics and the Classification of Disease.

Part III treats of the more difficult conditions. Diseases of Women and Children, and also deals with the prevalent theories of the time.

In presenting his views the Doctor says:

1st. Have a good reason for everything you do, and do nothing without a good reason.

2nd. Trace each symptom seperately back to an adequate cause, and learn in a scientific way what is to be known

of the case; then compare this with the patient's statement.

Get the book and read it, Doctor. It costs but a dollar, and what Dr. Burgess tells you about how to use Epsom Salt is worth five times the cost. Address the author.

The January number of the Annals of Surgery is devoted to general surgery, four articles dealing with Splecnectomy, five articles to various fractures. The article by Dr. Walker on Observations on the Treatement of Fractures of the Neck of the Femur, and Dr. Ross on Punctured Fracture of the Skull deserve mention. Dr. Torrence reports an Excision of the whole of the Left Lobe of the Liver for Sarcoma and Splecnectomy in Bunti's Disease.

Sleeplessnes.

Not one can acquire the habit of sleep who has not learned the habit of concentration, of devoting himself single-minded to the matter in hand. If we practice devoting our minds, as we do our bodies, to one object at a time, we shall not only accomplish more, but with less exhaustion. Training in this direction will help us, on retiring, to view sleep as our present duty, and a sufficient duty, without taking the opportunity at that time to adjust (or to try to adjust) all our tangles, to review our past sources of discomfort, and to speculate upon the ills of the future.

A walk, a bath, a few gymnastic exercises, will often serve a useful purpose before retiring, but if they are undertaken in a fretful and impatient spirit, and are accompanied by doubts of their effectiveness and the insistent thought that sleep will not follow these or any other procedure, they are likely to accomplish little.

The best immediate preparation for sleep is the confidence that one will sleep, and *indifference if one does not.*

This frame of mind is best attained by the habitual adoption of the same attitude toward all the affairs of life. It is an aid in its adoption as regards sleep to learn that many have for years slept only a few hours a night, without noticeable impairment of their health or comfort.—George Lincoln Walton, M. D., in *February Lippincott's.*

"Boohoo! Boohoo!" wailed little Johnny.

"Why, what's the matter, dear?" his mother asked comfortingly.

"Boohoo—er—p-picture fell on papa's toes."

"Well, dear, that's too bad, but you mustn't cry about it, you know."

"I d-d-didn't. I-I-laughed. Boohoo. Boohoo!"—*Everybody's Magazine.*

Iodine in Carbolic Acid Poisoning

Three cases are reported which demonstrate the great value of iodine as an antidote for carbolic acid. In two of the cases the iodine was given early, before any general toxic symptoms developed, and acted most beneficially in relieving the burns of the mouth and throat. In the third case all the general toxic effects were fully developed, the abdomen being tympanitic and the stools dark and slimy; yet the patient recovered. In all the cases the iodine was given in the form of the tincture. The dose averies from a few drops to a drachm. The chemical compound formed as a result of the reaction between iodine and phenol is apparently harmless. For practical purposes, it is probable that equal parts of tincture of iodine and carbolic acid are complemental.—J. Maberly, *The Monthly C. of P. Med.*

Newer Materia Medica.

Chronic Cervicitis.

By T. M. Monroe, M. D., Center, Mo.

This is a condition which very frequently confronts the general practitioner and gynecologist. Leuchorrea, a symptom which many ignorant persons wrongly consider a disease is due in a large percentage of cases to a large increase in the amount of cervical discharge. Two kinds of infections attack the glands of Naboth—gonorrheal and simple micro-organism found in the vagina. The first variety occasions a purulent discharge which may appear only at times when the infected gland discharges its contents. The second variety begins as a rule when small retention cysts form in the cervix. Retention and decomposition of gland material sets up a low grade inflammation which may persist for years and prove very difficult to cure. Chronic cystic cervicitis is characterized by thick translucent glairy discharge.

In general the treatment of this disease is surgical and local although in certain cases where the patient's condition is one of lowered vitality, hygienic conditions should be improved and tonics employed.

Free drainage should be afforded the infected structures, and this can best be accomplished by puncturing each distended gland, which feels like a shot or pea to the palpating finger, with the tip of a bistoury, allowing the escape of purulent or glairy material.

Tincture of iodine should be painted over the surface after scarification and douches twice daily, together with applications of mild astringent antiseptics, should effect a speedy cure. In such conditions, Katharmon is very valuable since it is non-irritating and prevents septic decomposition. Among other ingredients it contains hydrasti, phytolacca, boro-salicylic acid and sodium pyroborate dissolved in pure distilled extract of witch hazel. Hydrastis is a valuable alternative, astringent and antiseptic, when applied to diseased mucous membranes, and phytolacca exerts an aborative influence on beginning inflammations.

Borosalicylic acid and sodium pyroborate are efficient antiseptics, disinfectants, and deodorants, and witch hazel possesses the tonic and astringent properties possessed by tannin. Thus the value of Katharmon is readily understood when the physiologic effects of its constituents are borne in mind.

Respiratory Tract: Affections, Symptoms and treatment.

By Dr. Arthur B. Smith, Springfield, Ohio.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the

majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but nevertheless, there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be fuond that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complications, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason.

In phthisical patients the well known lack of appetitie and intolerance of various foods render it imperative to give remedies which will not in any way interefere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good. Case 1. S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis with mucous rales, pain cough and some slight fever. Prescribed Glyco-Heroin (Smith) one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given and the results from its use were excellent.

Case 2. W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclinig posture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief and a cure was affected in a few days.

Case 3. B. E., aged 26. Severe bronchitis accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 4. R. L., aged 6. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco- Heroin (Smith) administered 15 drops every three hours. After taking a few doses thecondition was much improved,

and a speedy return to perfect health followed.

Case 5. W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucous was present, requiring great expulsive effect to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10 drop doses every two hours with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured and there were no unpleasant sequelae, the patient at present being in perfect health.

"The administration of the synthetic salicylic acid in full doses is almost always productive of unpleasant and often dangerous effects, such as irritation of the stomach, ringing of the ears and even delirium; thus necessitating a diminution of the dose or a temporary suspension of treatment.

This is also the case with many extemporaneous prescriptions having salicylic acid as a base and combined with other indicated agents.

On that account during the past twelve years I have prescribed Tongaline many times and in properly selected cases it has never failed to do the work required of it."

"Tongaline is easy of administration and as a rule it is not repugnant to the most fastidious stomach. Its action is prompt and it can be prescribed with the fullest confidence."

The Coughs Following Grip.

Dr. John McCarty (Louisville Medical College), in giving his personal experience with this condition, writes as follows: "Ten years ago I had the grip severely and every winter until 1902, my cough was almost intolerable. During January, 1902, I procured a supply of Antikamnia & Codeine Tablets and began taking them for my cough, which had distressed me all winter, and as they gave me prompt relief, I continued taking them with good results. Last fall I again ordered a supply of Antikamnia & Codeine Tablets and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours and one on retiring. They not only stop the cough, but make expectoration easy and satisfactory. The best results are obtained by allowing the tablet to dissolve slowly in the mouth before swallowing."

Chronic Rhinitis.

Chronic rhinitis is an inflammation of the nasal mucosa, resulting usually from oft repeated occurrences of the acute diseases. The mucous membrane is thickened and interstitial infiltration with more or less complete nasal stenosis results. The treatment is general and local. Regulation of the primae viae and the upbuilding of the general system are especially indicated Locally the nasal passages require the cleansing and purgative effect of alkaline douches. For these purposes Glyco-Thymoline stands first in the list of remedies. It should be used as a douche in the proportion of one part to three of water, three or four times a day.—*American Journal of Dermatology Ed.*

Dr W. L. Crump, of Salisbury, sustained a dislocated shoulder in January.

Selections from Our Exchanges.

A Word for the Detail Man.

It is becoming the fashion of late with some members of our profession to treat the detail man, the ',drummer," who brings to our notice samples of new preparations, etc., discourteously, brusquely, nay, even roughly. More than once have we read lately how a physician showed the "glib smooth-tongued drummer" the door, told him to get out, etc., and the physician narrating the story thought he was a real hero, for he related the story with boastful pride. We do hope that readers of the Critic and Guide will not be guilty of such boorishness and ungentlemanliness. It is true that the detail man of former days was apt to be a conceited chatterbox who thought he knew it all and he was apt to treat the physician in a patronizing manner, giving him a fatherly lecture and telling him how to treat his patients. On such a man you had to sit down once in a while. But times have changed. As far as I can see, the majority of detail men are cultured gentlemen, possessed of tact and good manners, who strictly attend to their business and try not to take a minute more of your time than they have to.

I therefore trust, that all who read the Critic and Guide—and who does not?—will treat the detail man kindly and courteously. Remember that the detail man or special representative is a human being who is just as much entitled to make a living as you are. Remember further, that in spite of your ability to make or write your own combinations—an ability which of course I do not doubt for a moment—in spite of your superlative knowledge of pharmacology and materia medica, there are quite a few things which you may learn from the humble detail man. The most successful physician is not the one who sticks to opium, belladonna, calomel and spiritus frumenti.

Strange rumors to the contrary, there are some good things among the new preparations, and nobody can bring them so forcibly to your attention as the detail man. Therefore, again, treat him kindly. I do. And I am almost as busy as you are.

P. S. Also remember that a smile is sometimes worth a million dollars and doesn't cost a cent.—*Critic and Guide.*

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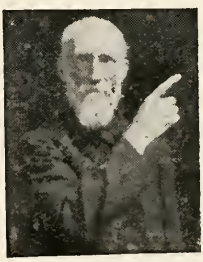

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Get What is Yours.

Dr. Maynard A. Austin, in *The American Journal of Clinical Medicine*, says:

The cost of living and every accessory to a doctor's successful practice has increased his expenses from twenty to fifty per cent in the last ten years. He is the only man who is trying to legislate himself out of a living. He is the only man whose services can be had at any hour, day or night, without money or without price. His work is looked upon with the reverence of and the respect shown the clergy. The greatest drawback to the profession are the members of the profession itself. Most of our present medical practice laws indirectly favor the quack and make it harder for the legitimate practician. Known abortionists sit with us in our medical meetings. Moral reprobates will be favored with positions supposed to be occupied only by honorable and trustworthy members of our profession. We affiliate with men who advertise themselves as specialists in "diseases of men, women and children."

A few investigations by secretaries of local boards of health or coroners into causes of deaths, where the certificates have been made out for shock, exhaustion, hemorrhage or of heart-failure, etc., in women whom everyone whispers about as having died from an abortion, would make this sort of criminal practice so hazardous that it would at least be rare. To do away with the fake business practised by the many cults and pathies, we must first eliminate the elements of quackery and ignorance from our own midst. We must have better diagnosticians, a better knowledge of medicinal and other than medicinal therapeutics, a more consistent way of prescribing and more frequent consultations in obscure cases.

Gratitudes and honorariums used to be the rule when the doctor had to take hay and cord-wood for his pay. His children were given half-rates, and he was treated with the respect that he demanded. Nowadays the doctor gets sixty days net and two per cent. in ten. He has to pay for paved streets, good sewage, and filtered water, which deprives him of his business; while the farmer comes along and charges him twenty-five cents a pound for his bacon and forty cents a dozen for his eggs.

Some of these days the good men of the profession are going to wake up and show that they are as strong as a labor union and can demand the same patronage and preferment as can the laborer.

The Causation of Appendicitis.

Among the many etiological factors that have been suggested as underlying the inflammatory affections of the appendix, none has as yet seemed to be consistently applicable, and not a few —such as bicycle riding, strap hanging, chronic antimony poisoning from rubber stoppers of bottles, the ingestion of particles of steel from the rollers of flour mills, etc.—may be criticised in much less measured terms. Constipation is often alleged as being at least a predisposing factor, but the explanations of the manner in which it is supposed to act have not been altogether acceptable. For example, the natives of Turkey, Asia Minor, and the adjoining countries are very subject to constipation, and yet appendicitis is almost unknown among them. Naab (*Munchener medizinische Wochenschrift*, October 15, 1907), in describing his experiences during a number

of years' residence in these Eastern countries, emphasizes the freedom of the Orientals from appendicitis. Out of 6,800 patients coming under his observation in Mesopotamia, only two suffered from the disease, and a colleague, practising in a neighboring district, during five years, also encountered only two cases. In Constantinople the conditions are somewhat different, owing to the more mixed character of the population. In the two large native hospitals the morbidity from appendicitis is .18 per cent. and .03 per cent. respectively, while in the German hospital of that city, in which the patients are almost exclusively white persons, the proportion jumps to 2.6 per cent. From the standpoint of operation the conditions are somewhat similar, and of 1,000 operations, including numerous laparotomies, performed annually by three white surgeons in three regions of Turkey in Asia, only one was for appendicitis. In the Turkish hospital in Constantinople the operations for appendicitis are only .3 per cent. of the major operations, whereas this proportion is increased more than ten times in the German hospital of the same city. In spite of the rarity of inflammatory conditions of the caput coli among his Oriental patients, Naab found that they were very prone to constipation, so that he regards this factor alone as inadequate to cause appendicitis. On the other hand, he calls attention to the almost exclusively vegetable diet used by these people, and offers the suggestion—which has been made before—that it is the excessive meat consumption of the white races that causes them to lead in the statistics of appendical disease. The constipation due to excessive meat eating leads to the stagnation of small, hard scybala, which are caught by the rugosities of the colon and large intestine, and give rise to local irritation of the mucous membrane, while, with a preponderatingly vegetable diet the fecal masses are much larger and there is less tendency to stagnation through intestinal inactivity. Naab, furthermore, points out that the increased consumption of meat in Germany has been attended by a considerable increase in morbidity from appendicitis, and considers that the relationship between meat eating and the disease is unmistakable. His contribution will no doubt be read with pleasure and referred to with enthusiasm by the vegetarians, but the last word on the etiology of appendicitis has not been spoken yet.—*Medical Record.*

The Cancer Problem.

Skerrett points out that the experimental propagation of cancer to mice lends itself admirably to the study of those conditions, both artificial and natural, that tend to recovery. The essential characteristic of the cancer cell is its apparently unlimited power of multiplication. In this the nucleus takes the chief part, and he asks if it is not possible in some way to rob the nucleus of its abnormal power of proliferation. Chemically, the nucleus consists of nuclein. By a train of reasoning he arrives at the conclusion that certain leucocytes supply the nuclein bodies so necessary to the rapid mitosis of the cancer cell. He points to the observed fact that erysipelas has been known to check the advance of cancer, and suggests that this may be due to the great demand for leucocytes as repairers of damage caused by such a diffuse spreading inflammation, cutting off the supply to the cancer, since repair of injury is of more vital importance to

the organism than mere growth. The facts that cancer tumors in mice become stationary at a certain stage, of the difficulty of inoculating a second tumor after a primary growth of fair size, and the phenomena recently published by Mackay (*Brit. Med. Jour.*, July 20, 1907), and Sommerville (ibid., Aug. 3, 1907), all tend to suggest that the exhaustion of some necessary pabulum is their cause. Nuclein is remarkable among organic bodies for its high percentage of phosphorus, and he asks whether it might not be possible to substitute some of the other elements of the same periodic group, *e. g.*, arsenic, antimony or bismuth. Arsenic has already been stated in America to possess some inhibiting effect on malignant growth, and it seems to have an action on leucocytes for it diminishes their number in leukemia. The possibility of experimental investigation on mice leads him to suggest inquiry into the following points: 1. The action on carcinomatous tumors of a diet free from nuclein and its progenitor, nucleoproteid. This would resemble somewhat the purin-free diet suggested for gout, etc., and observations of any association between the two diseases would be interesting. The nuclein-free diet might also be tried in conjunction with the internal administration of arsenic, etc. 2. The action of a phosphorus-free diet, with or without arsenic, etc., in mouse cancer. 3. The production of extensive inflammatory conditions far removed from the cancerous growth, so as to withdraw the leucocytes and remove the cancer pabulum. Skerrett considers that in the present state of our helplessness as regards cancer it is incumbent on us to try any reasonable experiment on mice, even though based on purely theoretical considerations.—*Jour. A. M. A.*

Gloomy Prognoses.

In practice one is constantly meeting with patients whose lives are rendered miserable by the fear that some grave peril threatens them, and burdensome in the endeavor to avoid the hidden peril; while all the time the symptom that has given rise to all this trouble may be a perfectly natural phenomenon or one which is associated with no danger. The meaning of these symptoms can only be found out by patiently watching the life history of the individual who shows them, and that can only be done properly by the family physician. There is a man whom I occasionally meet in the streets of Burnley, and my uneasy conscience makes me fancy that a sardonic grin passes over his face when our eyes chance to meet. Twenty-five years ago, when I thought I knew more about the heart than I do to-day, I rejected him for life insurance because of a loud systolic mitral murmur. From that day to this he has followed his work as a mechanic without a day's illness.

Thus writes Dr. James Mackenzie of Burnley, England (West Can. Med. Jour., July). And we recommend the above lines to the dead-sure prognosticians, just out of college.—*Critic and Guide.*

Financial Brainstorms.

Don't be ashamed to take the money; you may need it.

Don't buy any more than three gold bricks; that's a big enough collection for any individual.

When you are hard pressed by your creditors remember the debtors you are carrying on your books.

Get the habit. Mail statements monthly in the city, and at least every three months in the country.

To get the wherewithal for your fall

vacation, send statements to all your families the first of next month.

If wealth were the criterion by which to gauge success in medicine, failure and medicine would be synonyms.

It is your duty to the public to attend calls of distress, but is also your duty to your family to get pay therefor to avoid calls of distress at home.

The accounts you are carrying of some of your gilt-edge families may be as good as a bank account, but the money is not bearing interest for you.

Simple living and high thinking are most excellent, but we need the filthy lucre to make the appearance of great prosperity, or our practice "gangs aglee."

Financiers and oil merchants indulge in philanthropy after amassing a fortune; physicians never amass fortunes because they indulge in too much philanthropy.

Neither Gates, Harriman nor Rockefeller ever attempted to get a corner on mining stocks. Possibly they thought it impossible, as physicians buy them up too readily.—*Lancet Clinic.*

Death from Suffocation

A mohomedan boy about 14 years old was brought one afternoon from the poor house for post mortem examination. The statement was that the occupants of the poor house were given a feast of sweet rice and *"Dal."* The boy partook of the feast most heartily giving full justice to the rare dish. After that he immediately joined the other boys and began to play. But shortly after he complained of uneasiness in the stomach and at once gave a jump or two with his head thrown back, and dropped senseless on the ground. He was entirely well before he took his meal.

On post mortem examination of the body, all the organs were found in a healthy condition. The right side of the heart was, of course, found engorged with blood. On opening the trachea the upper part of it was found choked up with food and this plainly appeared to be the cause of his death with instantaneus suffocation. The food regurgitating from the stomach probably in the act of vomiting appears at once to have entered the trachea through open glottis.

I am induced to publish this as such cases are rarely heard of.—*Keshovial F. Dholakia, L. M. & S.*

Cleansing Treatment of Chronic Middle Ear Suppuration.

W. S. Bryant has found in twenty years' experience that in the majority of cases chronic middle-ear suppuration will yield to cleansing treatment. He includes cases in which the infected area is spreading and also those with acute exacerbations, both rightly considered very dangerous. The cases that do not yield, he says, are those in which there is so much caries that it cannot readily be removed by natural processes; those in which there is active osteitis; those in which sepis has spread outside the bone; those in which there is some special infection, such as syphilis or tuberculosis, and, lastly, those in which vital parts are involved, requiring immediate attention. In other cases, the essentials are proper drainage, and attention to the condition of pharynx. If the drainage is sufficient and there are no collections of thickened material, dry wiping with boracic powder applications gives satisfactory results. Cheesy material should be wiped out, or syringed out with a strong solution of bicarbonate of soda in neutral salt solution. If this is not

sufficient, suction may be employed, and the serous exudate and possible hemorrhage act as an antiseptic wash and help to remove some of the solid particles. A persistent dirty discharge may call for peroxid of hydrogen followed by salt solution, alcohol or silver nitrate. Caries should be treated by cleanliness, and feeble granulations be stimulated by silver nitrate. For this, astringents are advised.—Med. Record.

Hepatic Colic Relieved by Glycerine.

Plantier (Tribune medicale, June 15, 1907) approves of the method of Ferrand, who treats hepatic colic with glycerine. This treatment has the following advantages: 1. Taken by the mouth it is directly absorbed by the lymphatic vessels going from the stomach to the liver; in this way it finds its way to the subhepatic veins. 2. It is a powerful cholagogue. 3. In large doses (20.0 to 30.0 grams) it relieves attacks of hepatic colic. 4. In small daily doses (5.0 to 15.0 grams), taken in alkaline water, it prevents a return of the attacks. It may be taken for months or years without injury, if pure and neutral; preferably in half a glassful of Vichy water. —*New York Medical Journal.*

News.

Drs. Russell and Matheson have formed a partnership for the practice of eye, ear, nose and throat work.

Dr. Russell has entirely recovered his health and is looking younger and better than any time during the past five years. His long outing has put him in fine trim. Dr. Matheson has just completed a course in the Northern hospitals.

Drs. C. M. Strong and A. J. Crowell of Charlotte, are spending some days in the Northern hospitals brushing up on surgical matters and incidentally taking note of hospital matters generally. They are both influential members of the faculty of the North Carolina Medical College and are interested in the Charlotte Sanitorium, the hospital now being erected.

Prognosis in Grippe.

If the patient goes to bed the prognosis is most favorable. In three to five days he will be well. One may be able to fight it out without going to bed; however, the complications of pneumonia, etc., are so great that the patient should be instructed to have more respect for this disease. Nothing original is claimed for the pathology, diagnosis and prognosis of this paper. Medical authors have been quoted freely and directly.

James Burke in The Lancet-Clinic suggests that we meet the constant changes in the pharmacoepial strength of remedies by dropping them altogether and prescribing the alkaloids and other active principles which never change.—*Vermont Medical Monthly.*

"Why don't you see a physician?"

"No, siree," answered Farmer Corntossel. "If I get cured it's got to be by patent medicine. Nobody gits his picture in the paper for being cured by a regular doctor."—*Critic and Guide.*

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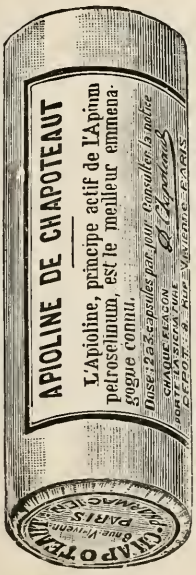
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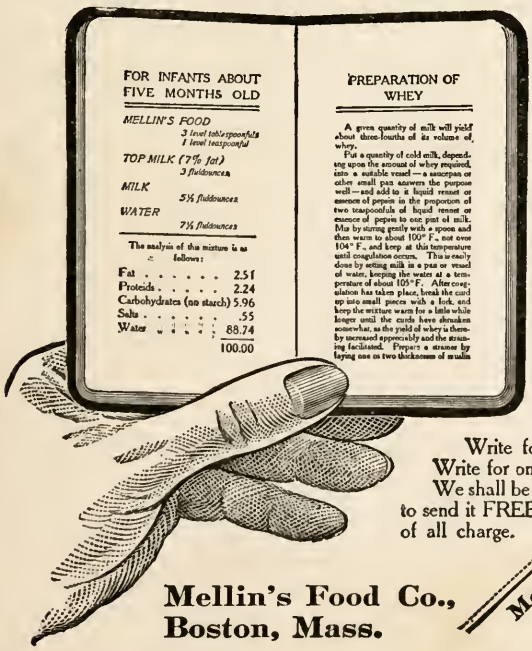
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Put a quantity of cold milk, depending upon the amount of whey required, into a suitable vessel — a saucepan or other small pan answers the purpose well — and add to it liquid rennet or essence of pepsin in the proportion of two teaspoonfuls of liquid rennet or essence of pepsin to one pint of milk. Mix by stirring gently with a spoon and then warm to about 100° F., not over 104° F., and keep at this temperature until coagulation occurs. This is easily done by setting milk in a pan or vessel of water, keeping the water at a temperature of about 105° F. After coagulation has taken place, break the curd up into small pieces with a fork, and keep the mixture warm for a little while longer until the curds have shrunken somewhat, as the yield of whey is thereby increased appreciably and the straining facilitated. Prepare a strainer by laying one or two thicknesses of muslin

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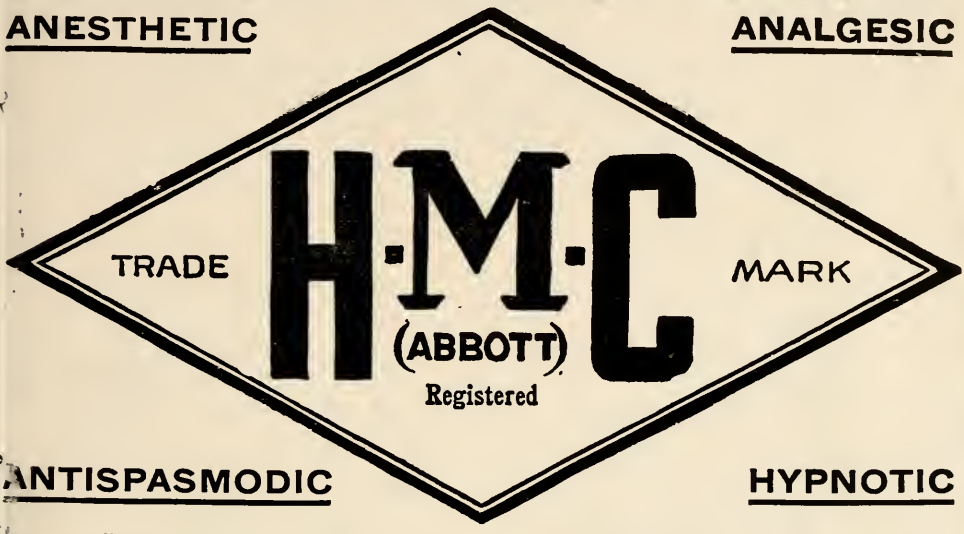

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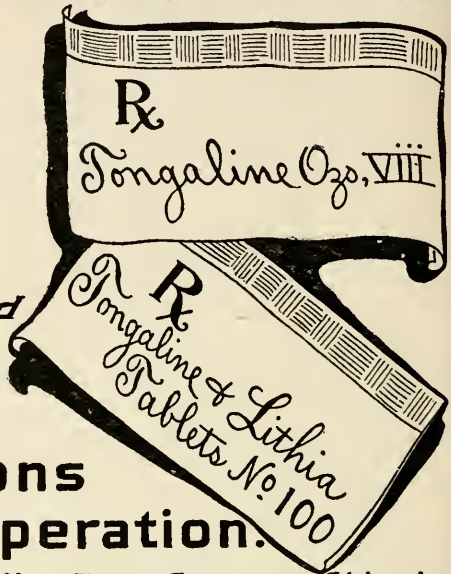

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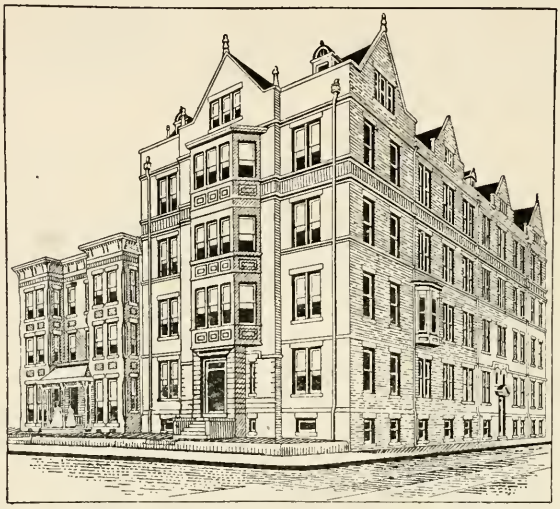

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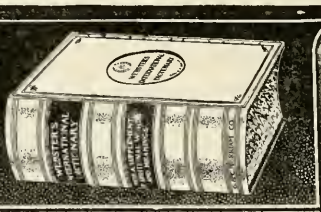

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Original Communications

The Treatment of Epilepsy.

(By J. Allison Hodges, M. D., Richmond, Va., Professor Nervous and Mental Diseases, University College of Medicine, and Physician-in-Charge Hygeia Hospital.)

In the discussion of this subject, it is my purpose to discard the sceintific study, or even the mention of the numerous remedies that have been suggested, and "found wanting," or that have from time to time been vaunted as "specifics" and been as quickly relegated to the already overburdened list of proposed curative agents which often have had nothing even for an experimental basis except the promulgation of a new theory, or the propagation of a novel hypothesis by some self-advertised enthusiast.

In the course of centuries, the intensely interesting fact that no definite cause could be logically assigned for this disease, has led even some of the most earnest investigators into paths of the wildest speculation as to the theoretical bearing of certain remedies upon some of its manifestations, and in this way, there is scarcely a drug in the shops that at one time or another has not been regarded and recommended as infallible in the cure of the disease.

Unfortunately, all these claims have been proved to be false, and we are to-day as helpless to cure epilepsy with one drug, as was our profession five centuries ago.

Within the past few years, however, there have been marked advances made in the treatment of this disease, and my purpose to-day is not to rehearse the

classical therapy of the past, but, rather, to discuss only those measures which, in my practice, have seemed to yield such results as would rightfully entitle them to careful professional consideration.

In my personal experience, I have found epilepsy to be one of the most difficult of the diseases of the nervous system to treat, and while I believe that the passing years have added to the stock of my general knowledge on this subject, yet it is not possible for me to name any one remedy or remedies that I can rely upon as either curative, or, in any sense, specific in therapeutic effects.

The continued study of this interesting and humanitarian subject has, however, dispelled not a few vague and illusive theories of mine and has taught me many practical lessons.

It has taught me in a general way regarding the treatment of this disease: (1) That the idea that nothing can be done by us for the epileptic has for too long prevailed, and that it is high time that the unfortunates, as well as the laity, be informed that certainly, symptomatic epilepsy can be, and is often cured, but that the cure of idiopathic epilepsy is rare, I personally having never cured a case; (2) that the want of interest, and frequently the carelessness manifested by physicians themselves in this class of patients, often discrediting their own ability by dismissing them with a prescription as useless, as their prognosis is hopeless, is unwarranted and unworthy of their achievements in the battle against other diseases, which in the near past have been apparently as hopeless as this, notably consumption, Bright's disease and many forms of paralysis, but which under the increased interest, zeal and research of the profession have now come to be diseases not so much to be dreaded as to be combatted; (3) that neither medicine nor surgery *per se* will efficiently and permanently cure this disease, but that we must have the greatest respect for the smallest things, and that this respect must never relax; (4) that the treatment of a single organ in the body for the cure of a disease as violent and as destructive as epilepsy in its essential type, is as unreasonable as it is unscientific, for while an irritant cause may be removed, yet the habit may, and does generally remain, and neither procedure alone will cure the disease; (5) that the day of routine bromide dosing is happily passing, for the disasters from the remedy, carelessly administered, have been found to be as great, or greater than the ravages of the disease itself; (6) that there are "epilepsies and epilepsies," the forms, varieties and subdivisions being many, and that to properly treat epilepsy, its peculiar type and cause must first be carefully and systematically studied; and, lastly, that treatment begun early and long and faithfully maintained, consisting of measures that are prophylactic, hygienic, medicinal and surgical, if need be, hold out the best and only hope for permanent relief from this terrible malady, which makes of its victims, civil and social outcasts, and consequently calls for the most strenuous efforts on the part of the earnest and conscientious physician.

In the study of the individual cases that have come under my care for treatment, I have striven always to bear in mind that epilepsy is a symptom, and that the treatment of each separate case was to be dependent upon the solution of the important question of diagnosis. I usually ask myself, Is the case in hand symptomatic of a lesion of the brain, of the spinal cord, or of the peripheral nerves; is it an accompaniment of the cerebral palsies of childhood, or

does it bear a distinct relationship to heart disease, nephritis, malnutrition, or marked disturbances of the gastro-intestinal tract, the sexual organs, or the eyes?

Again, I find that no two cases are alike, almost every one having its own peculiarities, and it is often a most difficult task to decide whether the attacks constitute alone the disease, or whether they are merely a symptom of a primary affection which is attended with still other manifestations, and the determination of this point also influences the proposed line of treatment. These facts settled and organic lesions excluded, the matter of treatment is determined, and briefly speaking, this resolves itself into prophylactic, constitutional and specific measures, according as the disease appears to be symptomatic, or genuine epilepsy.

Prophylactic Treatment.

The first and essential rule of treatment, which is applicable to all classes of cases, is that, remembering that the epileptic age is from five to fifteen years, that when there has been a convulsion, and especially a recurrence of a fit between the ages of five and ten, the case should excite apprehension and should call for the most diligent treatment, and this treatment should be kept up constantly for at least three years after all attacks have ceased.. I believe this to be a most important point which is often overlooked by the practitioner, and especially by the family physician.

Constitutional Treatment.

This method of treatment seeks to use those agencies which tend to increase neuroglia proliferation and increase vasomotor tonicity of the system. Arsenic, mercury and iron, the albuminate or peptonate, fulfill the former indications, and the use of water, by means of cold sponge baths, wet packs, showers, jet douches, etc., according to the opportunities of the patient, fulfill the latter.

Daily work in the open air, or at a trade that is congenial, has also been found to be mentally, as well as physically hygienic, and quiets and steadies the nervous system, sometimes absolutely checking the disease. The next most important factor in the line of constitutional treatment is the elimination of the waste products of the system, and the consequent prevention of autotoxemic conditions from intestinal decomposition.

This is best obtained by an absolutely aseptic and non-irritating dietary with diminution of salt, such as milk, meats in moderation and eaten slowly, and bread. Proper attention to the frequent necessary, and must be rigidly observed constipation and dyspepsia is, of course,

Hydropathic methods, by means of and enforced.

Baruch baths, if obtainable, hot packs, the free ingestion of large quantities of water between meals, etc., are most important adjuvants to this end. Sinusoidal electricity, if available, is also to be recommended as an efficient agent in assisting metabolism, and correcting specific systemic poisoning.

In my opinion, our profession has not laid sufficient stress upon the toxic condition which exists in so many of our patients suffering from this disease, and which arises from deep-seated errors in the fundamental principles of nutrition. If we would apply to many of these cases, the maxim of "Clean out, clean up, and keep clean," which has for the most part, and I believe very illogically, been relegated almost entirely to the realm of surgery, and insist furthermore upon our patients learning the

value of work, which would bring about a self-forgetfulness and satisfaction, if not pride in life, our results would be far more brilliant and much more successful.

In fact, I have seen more than one confirmed case entirely cured by these means alone. The methods indicated imply preserverance, skill and tact upon the part of the physician, but is not the result worth while?

The elimination method, of course, also presupposes the removal of all external irritants as well, but I believe the importance of reflex irritations has been much overestimated, except those arising from the gastro-intestinal tract, as mentioned above, the sexual organs, and the eyes.

It is a useless task, it appears to me, to argue that the treatment of a single organ will cure a destructive disease like epilepsy, which in its very nature must effect the whole body, and consequently, clipping eye muscles, for example, would not in my opinion be expected to cure anything more than a pseudo-epilepsy.

Generally speaking, not only must the cause be removed, but there must be a correction of the established habit. The physician has here a double problem to solve, and should not be satisfied with the accomplishment of but the half of his task.

Alterative remedies, such as arsenic, sajodin, the iodides, etc., are indicated as "habit-breaking" drugs, and in conjunction with the usual constitutional measures detailed are of great assistance for this purpose.

Specific Treatment.

Without enumerating the drugs which have held a reputation as anti-epileptics, I will say that the most valuable of the so-called specific drugs are the bromides and belladonna. All of the bromides act alike in this disease, and if one does not diminish the attacks in number and severity, another will not. They all act alike, also, on the patient's system, all being depressing and destructive, if too habitually used, to the higher nerve centres, and if exhibited for a long period, it often requires a trained observer to distinguish between the symptoms due to the drug, and the symptoms from the disease itself.

While I believe that the profession is under a debt of lasting obligation to Locock, who in 1853, introduced a new era in the treatment of this disease, by suggesting the bromide of potassium for the control of the convulsive manifestations, yet the abuses of the bromides in the therapy of epilepsy are, in my judgment, often graver than the advantages of the remedy.

I believe that the bromides *per se* are powerless to cure epilepsy, for rationally, a reconstructive, and not a destructive medicine is indicated.

That they have the power to suppress the convulsive phenomena, and occasionally for long periods, no one will deny, but I contend that suppression of the convulsions alone is not the cure of the disease, and that it is irrational and illogical to give such a remedy without regard to the cause or the type of the disease which is being treated.

Its careless administration and wholesale employment have, I repeat, produced drug symptoms as dangerous, as debilitating, and as destructive as the disease itself.

Its guarded use, however, I believe to be necessary in most cases, but I would insist upon as small doses as possible to control the convulsive seizures, and give this dose always largely diluted with water, preferably aerated, and

while so doing, never neglect for one day the skin and the bowels of the patient.

It is not necessary to produce "bromiam" to get beneficial results; it is better not to do so.

It is well to remember too, that nervous epilepties who lead a sedentary life are improper subjects for the bromide treatment, the ferrocyanide of iron being a most suitable remedy.

The bromides lessen the fits in about 85 per cent of cases, and do no good, or do actual harm, as regards frequency of attacks, in from five to ten per cent. of cases. The best bromide salts, in my experience, are those of strontium, and sodium, as these are usually best and longest borne by the stomach, though occasionally a change, or combination appears to be advantageous.

One of the best adjuvants to the bromides, as Seguin pointed out, is chloral hydrate in very small dosage, or the eyes and stomach of the patient may become affected.

Children bear proportionately large doses of the bromides, and if an adjuvant is required to control the fits, oxide of zinc is useful.

In some of the special forms of epilepsy, certain other remedies have special value, such, for instance, as urethane, or the actual cautery in the Jacksonian type, sodium salicylate in the lithaemic form, etc.

As a rule, it is best not to use counter-irritants in the usual types, nor is it well to use such remedies as nitrate of amyl to prevent impending attacks. In status epilepticus, morphine is dangerous, venesection and large chloral enemata yielding best results.

Surgical Treatment.

In the vain hope of effecting a cure in many cases of long standing, and which were uncontrollable by bromides, regulation of diet and proper mode of life, physicians of a generation ago were prone to suggest "surgery and see what would happen." This spirit of expectancy, and, in a sense, of desperation has not yielded satisfactory results, and it is an interesting index of how completely the standpoint of generations ago has been changed, when now many efficient and fearless operators recommend conservatism in the surgical treatment of even traumatic epilepsy. This tendency to differentiation of the cases is a wholesome sign of thoughtful conservatism, and will save us in the future from the necessity of apologizing for reckless interference.

The old operations of ligation of the carothids and of the vertebral arteries have long since been discontinued.

With our present knowledge of cerebral localization, cases caused by removable intracranial lesions should be operated upon, if the localization of the latter can be definitely made and the convulsions constantly occur in the same group of muscles and extend in a characteristic manner, or if transient hemipareses occur, but the nature and location of the lesion should always be determined, as well as the accessibility of the area, before surgical intervention is advised.

Whenever the disease can be distinctly and directly traced to a blow on the head, the question of trephining should be considered, and with such a history of fracture, or present evidence of fracture, or even evidence of severe head injury with resultant symptoms of the disease, trephining is justifiable.

It is exceedingly questionable, however, whether the epileptic habit can be cured by an operation of any kind. On the whole, and briefly stated, surgery

can do but little for acquired, and nothing for idiopathic epilepsy.

The Colony Plan, representing as it does, the best features, and in the best manner, of the points in the line of treatment already detailed, has been proved to be the most eminently scientific, systematic and successful method of treatment for this disease.

*Read as Leader of Debate before the Tri-State Medical Society of N. C., S. C., and Va., Charlotte, N. C., Feb. 18th, 1908.

A Case of Imperforate Hymen.

(By H. A. Royster, A. B., M. D., Raleigh, N. C., Professor of Gynecology, Medical Department University of North Carolina.

On account of its rarity, I desire to put on record the following case:—

Lucile A., age 13, referred by Dr. J. M. Templeton, Cary, N. C., has been a healthy girl all her life. For some months past she has had colicky pains in the abdomen, without nausea or vomiting. Three days before coming under observation, the pain became more severe and an abdominal enlargement was noticed. Dr. Templeton was called and he recognized a large mass occupying the lower mid-region of the abdomen. It was stated that no menses had ever appeared.

Examination: Jan. 12, 1908. A rather stout, rosy-cheeked girl, well-developed for one of her age. Her breasts, pubic hair and the rounding of her hips indicated the beginning of puberty. In the lower portion of her abdomen there was observed a tumor of the size of a uterus pregnant at six months. It extended upward above the umbilicus and somewhat more to the left; it was tender, and contracted when handled—undoubtedly an enlarged uterus. Inspection of the external genitals disclosed a thin membrane, stretched across the introitus and bulging from the vulva, while through the membrane could be seen a dark-colored semi-fluid material. There was no opening into the vagina.

Diagnosis: Hematometra; imperforate hymen.

Operation: January 13, 1908, at Rex Hospital; ether anesthesia. An incision through the membranous partition was made longitudinally from just below the urinary meatus downward to the posterior commissure. There escaped about three pints of blood of the color and consistence of melted chocolate and the abdominal enlargement immediately disappeared. The vagina and uterus were then irrigated with hot normal salt solution. The edges of the incised membrane were now trimmed away and the vaginal and vulvar surfaces united over the raw space with interrupted catgut sutures. A plug of gauze, covered with bland ointment, was inserted into the vagina and its end left protruding from the orifice. This was easily removed after 48 hours and a saline douche given. The patient made an uneventful recovery.

*Read before the Wake County Medical Society, Feb. 13th, 1908.

An Attempted Explanation of Sudden Death Subsequent to Injections of Antitoxine.

(By J. F. Patterson, M. D., New Bern, N. C.)

In the past few months the Journal of the American Medical Association has contained reports of sudden death following an injection of diphtheritic anti-toxine. As anti-toxine is universally used, it is of vital importance to know the cause of this fatality and the

class of patients in whom to expect it.

I will first give abstracts of their reports, and then the conclusions derived therefrom:

Case 1. Reported by Dr. S. N. Wiley, of Norristown, Pa. An adult man of 34 years who had been exposed to diphtheria, was given a prophylactic dose of anti-toxine—1000 units being injected. About two minutes after the injection he complained of his face and scalp itching and burning; his lips then began to swell; breathing became labored; he remarked, "I cannot breathe." He then became cyanosed; lips frothy; he had a slight convulsion; breathing ceased, the heart continuing to beat for a short time after the cessation of respiration. Death occurring 5 minutes after the injection.

The doctor also states that this man since childhood could never be around horses without suffering asthmatic attacks.

Case 2. Reported by Dr. H. G. Gillette, of Cuba, N. Y. The patient, a man of 52 years, consulted the doctor; requesting an injection of anti-toxine for an attack of asthma from which he was suffering—2000 units were injected and almost immediately the patient felt as if he were suffocating; breathing became labored, face cyanosed, he had a tonic spasm, then apnoea and death. The heart continuing to beat after respiration ceased; death occurring a few minutes after the injection.

Dr. Gillette states that the heart of this man was normal, he having examined him two weeks previously for life insurance.

Case 3 *and* 4. Also reported by Dr. Gillette. The cases occuring in the practice of other physicians. Both patients were asthmatics, and death occurred with the same group of symptoms as in case 2.

Case 5. Reported by Dr. E. L. Boone, New Martinsville, W. Va. The patient, a lad of 10 years, was suffering with an attack of diphtheria—an injection of 4000 units of anti-toxine was given. Almost immediately the lad gave a cry of distress; clutched at his throat; cried out that he could not breathe; his face became cyanosed, eyes staring, pupils dilated; lips frothy; a slight convulsion occurred, then apnoea and finally death. The heart continuing to beat for sometime after respiration ceased.

The doctor also states that this lad did not have organic heart trouble.

The conclusions to be derived from the above cases are as follows:

1. Death in each instance was due to an obstructive dyspnoea, the symptom complex in each case being classical.

2. This obstructive dyspnoea only occurs in sufferers from hay fever and asthma. To support this statement I refer to the above series of cases; four of the five cases were asthmatics; the fifth a boy of 10 years may be disregarded, as he in future years may or may not have had these attacks of hay fever or asthma.

The question now arises, 'What causes this obstructive dyspnoea, and in what class of patients should it be expected?"

I reply: Congestion; urticarial in character, of the mucous membrane of the air passages; and to be expected in those persons who are sufferers from hay fever and asthma as a result of odors eminating from horses.

We know that a group of cases of hay fever are due to hypothetical bodies contained in these odors; then, if these bodies are in the odors, why should they not be greatly more numerous in the blood serum of the horse? for the odors arise from the excretions and the excretions come from the blood

serum. Accepting this statement as true, why should not injections of horse serum containing great numbers of these hypothetical bodies cause pernicious attacks of hay fever, and asthma with occlusion of the air passage, if by inhalation of a few of these particles mild attacks of these diseases arise?

The reason why these bodies when given hypodermically cause a congestion of the mucous membrane of the air passages, is because these tissues are especially vulnerable to their attack, as shown by the mild attacks of these diseases upon inhalation of these particles.

In conclusion, I wish to state, that the fatalities, subsequent to an injection of diphtheritic anti-toxine, are not due to the anti-toxine *"per se,"* but to the serum of the horse which contain these hypothetical bodies, which in certain persons cause attacks of hay fever and asthma.

Acute Bronchitis, Its Drug Therapeutics.

(By W. C. Abbott, M. D., Chicago, Ill.)

It greatly simplifies our ideas as to the treatment of any disease, if we formulate a distinct conception as to its nature and causation. This is not necessarily a belief in this conception as absolutely and admittedly true, or an obligation on us to demonstrate the correctness of the theory. In most cases, bearing in mind the continual changes in professional belief, we simply form a working hypothesis of the matter, for convenience in basing upon it our therapeutics.

With this understanding in view, let us propose the following working hypothesis: Every portion of our body is at all times inhabited by countless swarms of microorganisms, which are present and ready to effect a lodgment in our tissues whenever the conditions in the cellular structures of any part of our body permit; in other words, whenever the vital resistance of any particular part falls to a point that allows the invading microorganisms to overcome that resistance and implant themselves in the tissues.

Every human being presents variations in the vital resistance of various portions of the body, so that it has long been acknowledged that each of us has certain points of lowest resistance.

Our circulating fluids are constantly permeated by certain toxic materials, derived from the metabolism of our tissues, from the food we consume, from the contents of the alimentary canal, especially when these are retained and decomposition occurs, and from other outside sources, such as the inhalation of sewer gas and other noxious emanations.

To prevent the accumulation of these toxins to a degree capable of inducing disease, we have an elaborate system of eliminant apparatus. Usually this elimination is sufficient to carry off the toxins as fast as they get into the circulation, and we then say that the individual is in a condition of health. With most persons there is a surplus of eliminative power which enables them to get rid of even more toxic material than they usually carry in their blood. But sometimes the toxins accumulate, either because some portion of the eliminant apparatus is out of order and deficient in function, or because an increased quantity, or an increased virulence, of the toxic matters absorbed into the blood overcomes this balance, and the blood is supercharged with these noxious materials.

This being the case, the vital resistance of the cellular structures is lowered by the direct action of these toxins, so that at the points of lowest vital resistance the depression reaches that degree where the ever-present microorganisms are enabled to overcome the remaining resistance, and a lodgment is effected. We thus have a local disease set up at this point, of microbic origin, due to the associated causes herein described.

With many individuals the points of lowest vital resistance are found in the respiratory apparatus. One person in catching cold always suffers with catarrh of the nasal mucous membrane, another with the pharynx, a third with the larynx, a fourth with the bronchia. Each successive attack of the sort increases the local debility, or the proneness to disease at this particular point.

Accepting provisionally this view of the case, we are prepared to fully comprehend how it is that our patient, who is subject to bronchitis, goes out into the cold or wet, gets chilled, the elimination through the skin is checked, a greater duty is thrown upon the other parts of the eliminative apparatus than they are prepared to fulfill, and a bronchitis of acute character results. Or, he may go off to a banquet and "fill up" with rich nitrogenous food, which supplies an enormous increase to the toxins to be absorbed from his alimentary canal; and we have the acute bronchitis so frequently seen the day after such indulgence. The headaches so many persons suffer, after taking a dose of opiate which checks the excretions, are instances of this accumulation of toxins in the circulation.

Indulgence in large quantities of water, in whatever form it may be taken, may have a similar result, from the vast increase in the bulk of the blood, causing a hyperemia in the area which is doomed to become diseased; and also by inducing free perspiration, rendering the patient more liable to catch cold by chilling and checking this perspiration.

It will thus be seen that this theory harmonizes with the popular ideas as to the causes of colds, and shows these popular notions to be actually correct, based upon correct observations, if we admit this working hypothesis as probably a true theory.

Basing our therapeutics upon this hypothesis, therefore, it is evident that our first remedial procedure should consist in cutting off the supply of toxins to the blood. We do this by opening the bowels, and cathartics have long been recognized as useful remedies in the treatment of all forms of respiratory catarrh. Many an observant old lady will tell you that a dose of castor oil is one of the best remedies for a cold, and she is right. Whatever we may use to empty the bowels, it should be fully competent to do this work effectually. The means lie, of course, with the physician; many of us preferring to give calomel grain 1-6, every half hour for six doses, and follow with a copious saline laxative.

We need not wait for this to be accomplished, but may commence at once upon another line of treatment. In this as in all acute inflammations, we have a disturbance of circulatory balance, by means of which there is more blood in the inflamed area than there should be, and consequently less blood in the remainder of the circulation. Here we have an opportunity for the exhibition of that admirable antipyretic combination known as Burggraeve's Triad, or the still more powerful one known as Abbott's Defervescent Compound. In the first we seek to relax the vascular tension in the general circulation, by

the administration of aconitine, grain 1-134. We seek at the same time to increase the vascular tension in the inflamed area and force out thereby the excess of blood contained therein, by the administration of digitalin grain 1-67. These two form the basis of treatment, and are present in both the combinations named. If the vital depression be great and general relaxation evident, we use the Burggraeve combination and add to the pair, strychnine arsenate grain 1-134. But if the patient is young, strong, the pulse full or hard, elimination notable defective, the heart thumping much more rapidly and powerfully than is desired, we use the Abbott combination and add to the digitalin and aconitine, veratrine grain 1-134.

Whichever of these two combinations we use, the dose as named is given every hour, or every two hours, as the case may require. It is usually better to give quite frequently, until an evident impression is made upon the pulse and the circulation in general; after this the cases may be given less frequently to sustain this effect. One of the pleasantest things in private practice is the administration of remedies in this way, with a distinct object in view, closely watching the effect so as to get just enough, no more and no less. The effects of these remedies are so easily recognized that they may be safely left in the hands of any individual, who has intelligence enough to be intrusted with the administration of any medicine whatsoever.

The foregoing may be taken as representing the treatment applicable to all cases, meeting as it does the pathologic conditions present. The earlier the application of these remedies is commenced, the greater will be the effect; for it is much easier to control a crescent inflammation, which has not proceeded beyond the point of simply filling the vessels of the part fuller than usual, than it is to control that inflammation after the inflammatory process has proceeded beyond this point, and extravasation or exudation has occurred.

In the first stage of an acute bronchitis, however, we have to deal with a dry, irritated condition of the mucous membrane. The irritation may be soothed by the administration of codeine, heroin or cannabis indica. Either of these may be administered in small doses. The writer has gotten into the habit of giving the very minute dose of 1-67 grain of codeine, to be dissolved upon the tongue, and repeated every ten or fifteen minutes. It is surprising what great relief is thus obtained from a very minute total dose of this remedy. I believe it is the best remedy in existence for cough. It is superior to morphine or any other opium derivative. We also get from it a minimum of interference with digestion, which is assuredly an advantage. The patient is directed while taking it to restrain from coughing as much as possible, the cough being useless and adding to the irritation. Patients soon learn that the disposition to cough may be restrained by exerting self-control.

Bronchial secretion may be encouraged and the cough thus loosened by the administration of emetine, lobélin or apomorphine. The first is usually preferable; the third is the most powerful the quickest in action. As a routine remedy we prefer emetine, giving grain 1-67 with the codeine, and continuing it until slight causes indicates the full desirable action. Apomorphine may be administered in this manner, in doses up to 1-10 or 1-4 of a grain, without causing nausea, as this agent only

causes nausea when administered hypodermatically. It tremendously increases the secretion from the respiratory nausea, but we believe the somewhat slower action of emetine is in the end more desirable.

Lobelin we use in similar doses in the young, especially in hearty children where there is a tendency to croup, and where the inflammation is running high. It is a very valuable remedy when properly used and not pushed to the distressing depression which over-doses cause.

It has long been known that the bromides tend to lessen the sensibility of the pharynx and larynx, hence potassium bromide for a time was much used in this affection. Here as in so many other cases this drug, whose use is not by any means devoid of evil consequences, is well replaced by solanine. The writer has given solanine from grain 1-67 to 1-12, repeated every half hour, and obtained from it all the benefit in this respect which could be obtained from the bromide and without any of the disadvantages.

A popular remedy with our electic brethren is asclepidin. Its action is much like that of aconitine but milder. We use it to subdue respiratory hyperemia, with weakly patients or when for any reason aconitine is undesirable as being likely to over-act. Of asclepidin, grain 1-6 may be given every fifteen to sixty minutes, until its effect on the circulation is manifest. It is too much our custom to use only the powerful remedies; and the profession has gotten into the habit of simply giving them in smaller doses, in such cases. We believe it would be much better to avail ourselves of a greater variety of remedies, and endeavor to more accurately meet the needs of each particular case. If this were more generally done an enormous impetus would be given to legitimate pharmacy, in the development and supply of more of these useful active principles.

The tendency of the physician to limit himself to a constantly smaller group of remedies is not an evidence of progress but the contrary; it is an evidence that he is getting into ruts, and all ruts are bad, without exception.

What place has quinine here? Not much if any, unless the patient is malarial, or quinine is indicated for some other reason than the presence of acute bronchitis. If this be the case, however, quinine may be administered, preferring the arsenate as a rule, using the hydroferrocyanide if anemia be marked. The arsenates are preferable because arsenic induces fatty degeneration, hence aids in resolving the morbid products of the disease more quickly than if it were not given.

Quinine hydroferrocyanide is an excellent tonic for use in the declining stages of acute maladies. To an adult 1-6 gr. may be administered every two hours while awake, with better effect than if a larger dose be given at less frequent intervals.

Of the arsenate gr. 1-67 every two hours is an average adult dose.

In subacute forms, or after the acute stage has subsided, macrotin is an excellent remedy. This may be given in doses of gr. 1-6 to 1-2 every two hours. Its effects somewhat resemble those of digitalin, bearing to it somewhat the same relation that asclepidin does to aconitine. It is an excellent nerve sedative, also, in the sense of soothing nervous irritability.

The benzoates are useful in the latter stages when it is an object to check the secretions, and gradually bring about a healthier condition of the mucous membrane. Benzoate of sodium

or benzoic acid may be employed, gr. 1-6 every two hours.

With the very young and very aged, especially in the latter stages, we sometimes find a lessening of bronchial sensibility, so that the sputa are not noticed by the patient, and may collect until their presence constitutes a mechanical danger. In the older works on practice we frequently met with the expression, "the patient drowning in his own secretions."

There is a group of remedies which meet this condition, namely, sanguinarine, scillitin and senegin. Of these the former is preferable and meets every indication. It may be given in doses of grain 1-67 every two hours. This may be increased if desirable, which it rarely is.

The action of sanguinarine is to make the patient cough harder. It increases the sensibility of the respiratory mucosa, renders the patient conscious of the presence of secretion, and stimulates the cough so that the secretion is raised. It is an exceedingly valuable remedy if its action is fully understood. But as long as physicians are in the habit of mixing up the so-called expectorants in a conglomeration, without having a distinct idea what each one does, we cannot expect anything like as good results as when every remedy is given with a distinct consciousness of what it is going to do.

When the secretions become copious and watery in the later stages, the malady tending to become chronic, constituting a bronchorrhea, we must rely upon one or other of a group of medicines which have the property of checking over-secretion. Of these benzoic acid is a mild representative. Eucalyptol is useful also; but of all, the most effectual and the most rapidly active is copaiba. By the use of this within twenty-four hours the most copious secretions can be checked completely. Unfortunately, as in the use of this medicine in gonorrhea, the stoppage of secretion is liable to be followed by a congested condition of the parts, which is more distressing to the patient than the loose secretion. It is a remedy therefore that should be used with judgment, and not pushed to excess. On the whole, eucalyptol, in doses of 1-6 gr., or benzoic acid in the same doses, repeated every hour or two hours, represents the best effects of this group of remedies. Atropine speedily and effectually checks this redundant secretion, and is the remedy for emergencies. Give enough to redden the face.

In scrofulous individuals, when the acute symptoms have subsided leaving the tissues overloaded with secretions, the perivascular lymph spaces clogged with debris, and this condition threatens to remain chronically as a source of danger, we must have recourse to the absorbents. Possibly one of the most valuable of these is iodoform, which should be given in doses of gr. 1-6 every two hours. This soothes the cough, and stimulates the absorption of the morbid products.

Another very active remedy here is the iodide of arsenic, both the elements of which act in the manner described. A dose of gr. 1-67 may be given four times a day. It is quite rare for any patient to bear more than this.

In other cases the vegetable absorbents may be used to advantage here; and in many of these, in the declining stages of the malady absorption may be hastened, and the disease more completely cleared out of the pulmonary area, by the persistent use of stillingin or phytolaccin. Of either of these give grain 1-6 four to five times a day. Care must be taken, however, that these

remedies are not pushed to the extent of causing emaciation, which as a rule is not desirable in these patients.

We have left to the last a question which might with better propriety have been taken up first, and that is: Can we abort an acute attack of bronchitis? The writer believes that if we take the affection in time we can do this; that is, if we begin treatment at once, before exudation of extravasation has taken place. How will we do this?

First empty the bowels with a good cathartic, to stop further toxin absorption and to quickly lessen hyperemia by draining some of the fluid from the blood. We could materially aid derivation by inducing profuse perspiration, but how are we to do this? The quickest, readiest and most powerful means of doing so is by the hypodermatic injection of 1-6 of a grain of pilocarpine; but under some rare conditions, not to be foreseen, pilocarpine induces hyperemia and edema of the lungs. So there is some peril in using it, although we must confess there is not much, since the writer has used this drug a great many years and has never met with a case. But others have done so, and we must beware of limiting our ideas to our own experiences.

Hydropathic measures are much better. A Turkish bath, if it can be taken under the circumstances, meets the need; or the cold pack, if it can be applied by those who understand it. Failing these, we know of nothing better than an old-fashioned dose of Dover's powder, 10 grains, the patient covering up warming in bed. This, with the cathartic, is quite effective.

Another means of derivation that might be used here to advantage is injecting half a pint of cold saturated solution of table salt into the bowel. This induces profuse derivation by exosmosis, with corresponding results. It is an excellent measure, very effective indeed.

By these means we can quite frequently break up or materially shorten the course of an acute bronchitis.

Best Method of Anaesthetizing Children.

There seems to be no consensus of opinion on this subject. Dr. S. J. Kopetsky, anaesthetist to the Hamlem Hospital, New York, combats the idea that chloroform is the best anaesthetic for children. He says that cardiac failure may set in at the very beginning of the anaesthesia, when the children begin to struggle. Death may occur suddenly, without warning. Ether is less dangerous, but the best method of anaesthetizing children is by the aid of nitrous oxide and ether. By preceding ether with nitrous oxide a less amount of ether is required, the after-effects thus being diminished.—*Medical Times.*

The Evils of Superalimentation are not to be underestimated. Both in health and disease the average man eats far too much and the human organism suffers materially in consequence. It might not be overstating the facts, to say that fully fifty per cent. of all disease is due directly or indirectly to dietary indiscretion, be it quantitative or qualitative. Statistics have repeatedly shown that the ratio of longevity in inmates of almshouses, and reformitories is distinctly higher than in those of equal age living in luxury with its attendant elaborate cuisine. Gout, rheumatism, headaches, neuralgias, constipation, indigestions of various forms are all attributable in a large measure to the ingestion of improper kinds and

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quantities of food-stuffs. These facts, however, are recognized by everyone in a general way, yet in the treatment of these conditions what minor consideration is given to detailed instruction in the matter of dietetics! The system is overloaded with medicines, and cellular activity further perverted—yet the fundamental factor remains unassailed. Aside from overfeeding as a cause of disease, there is a vast and needless amount of energy lost daily by the body in its effort to rid itself of the surplus. This is particularly important in wasting diseases where vitality is low, and all energy must be conserved to the ultimate upbuilding of the organism. Without doubt much of the forced feeding in tuberculosis, where promiscuously advised, accomplishes little, for the energy needlessly lost in efforts at elimination may easily exceed the actual energy conserved as vital force. A thorough understanding therefore of the salient facts of dietetics is pre-eminently essential—*Southern Medicine and Surgery.*

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The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

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Editorial.

Medical Journal Consolidation.

Beginning April 1st, 1908, The Carolina Medical Journal and The Charlotte Medical Journal will join forces under the name of The Charlotte Medical Journal Publishing Company. For some years it has been apparent to the owners of these two journals that the "field was crowded," and that one strong journal in this field could serve the physicians and the advertisers better than the two journals.

All the stockholders in the two journals are to be stockholders in the new Charlotte Medical Journal, and Dr. W. O. Nisbet, the president of The Carolina Medical Journal, will be president of the new corporation, with Dr. E. C. Register as Manager and Editor. All subscription contracts of The Carolina Medical Journal will be executed by The Charlotte Medical, and as the energies that have been expended on both will now be given to one, we hope to make it second to none in usefulness.

The company will own its own printing plant which is now complete in every detail and will be financially strong enough to push all its interests to the front.

The capital stock is placed at $125,000, with a paid up capital of $12,000, which, in the opinion of the writer, is worth fully $15,000, as the journal properties were all taken at a very low valuation in order to place the new company on a solid foundation.

We thank our many loyal subscribers and advertisers for their patronage during the past ten years and we hope "to meet them" as patrons of the combined journal.

Dangers of Bubonic Plague.

The dangers of a general epidemic of bubonic plague in the United States are probably remote. We, of this section, may never be called on to aid in combating its ravages, still its continued prevalence on the Pacific slope is a menace to the whole country, and a review of the pertinent characteristics and the findings of very recent studies, is not amiss.

The history of the disease demonstrates its insidiousness, and its slow growth into the character of an epidemic. Several years are often required before it attains high water mark as an epidemic. It has been said that when a place is once infected, its eradication is impossible by any known means at our command, but Passed Asst. Surgeon Blue, of the Marine Hospital Service, now in charge of the work of the plague eradications at San Francisco, claims that it can. (*Cal. State Jour., Dec.*, '07, and *Jour. A. M. A., Feb. 1st*, '08.)

Its fearfulness can be estimated by its ravages. Its death rate is from 60 to 90 per cent., the majority succumbing within the first three to six days. In British India nearly one million deaths a year for five years in succession is part of its history. In one province, 1,750,000 died during the epidemic, and this in a territory not as large as the two Carolinas.

Its prevention is easier than its eradication as an epidemic, and a knowledge of its general characteristics will enable the profession to meet it in its incipiency and take proper measures for its control before it gains the position of an epidemic.

An editorial in the California State Medical Journal (Dec., '07,), states that one authority claims that every case of plague costs the community $7,500.00. He advises publicity of true conditions, a feature now adopted by the city authorities of the Pacific States, an examination of all dead persons by trained experts, instruction of health officers in plague examinations, newspapers to inform people of its presence, and the profession and the public give support to the Marine Hospital Service of the National Government in the work of eradication.

It is claimed that 40 per cent. of the cases are not diagnosed by attending physicians.

The present outbreak in California began in May, 1907. It was in San Francisco as early as March, 1900—possibly some sooner. No case was diagnosed as such in the city between Feb., 1904, and May, 1907, though it was in some of the neighboring cities. It may have been dormant in the city or unrecognized during these years. No new cases have been reported for nearly a month, though it is still found, and with an increased percentage, in the autopsies of rats.

Assistant Surgeon Lloyd (M. H. S.) questions as to whether the disease should be considered one of man or one of rats that can be communicated to man. It has long been recognized that great death of rats preceds plague epidemics, and Blue (loc. cit.) notes the fact that rat plague is always a forerunner of human plague. This writer goes further and claims that the whole family rodentia is affected more especially, though, the rat and the ground squirrel. It is non contagious, can't live in a full circulation of air and sunshine. As to the rat as a disseminator of the plague Lloyd has this to say: "Competent evidence can be introduced to establish the following facts regarding rats and plague: Rat plague and human plague are identical.

The spread of the plague follows along the lines of migration of the rat, and not necessarily along the lines of travel of human beings, unless rats accompany them, as on board ship. Plague produces a greater mortality among rats than among human beings. Plague almost invariably attacks the rats of a city, before it appears in human beings. The first cases of plague in a city nearly always occur in a vicinity where infected rats have been found." In plague districts, the death of rats in large numbers is recognized as an omen of impending calamity, and causes the inhabitants to flee. Even the rats sometimes become panic-stricken and flee from the infected locality. The handling of rats dead of the plague has been known to cause the disease.

Blue idicts the rats as a filthy scavenger living in close places, an inhabitant of sewers with all their filth, preying upon each other and especially attacking the sick when weakened by infection, devouring the dead of the disease, etc. In addition the rat is known to occasionally have a chronic form of the disease in which the bacterian (6 pestes) is encapsulated in the viscera, thus forming ambulating foci of the disease.

An editorial in the Journal of the A. M. A. (Dec. 28th, '07,) reviews the evidence presented as to the mode of transmission of the disease from the rat to man, and the belief that the flea is the most important if not the only means of transmission is confirmed by recent investigations. Lloyd gives an instance of direct communication by innoculation: "A dog killed a rat and brought it to his master's bedroom and afterwards licked his master's hand on which there was a slight abrasion. Plague developed a few days later."

Innoculation through scratches or abrasions of the skin has been recognized as a mode of transmission and all recent studies have demonstrated the potency of the flea as a factor in the spread of the disease. Simpson (quoted in Therep Gazt., Dec., '07, page 855), examined a number of fleas for the characteristic bacilli, and found one affected out of 85 human fleas, and twenty-three affected out of 77 rat fleas. In the present outbreak in California, it is noted that in seasons suitable for the propagation of the flea, that there is an increase in the number of new cases reported. Recently all rats caught alive are chloroformed and carefully combed for fleas.

Blue has written (*toc. cit.*) of the prophylactic measures that should be instituted wherever there is a threatened invasion. His first and most important measure is the destruction of the rat, and every means available should be used to accomplish this. Trapping, poisoning, destruction of garbage and refuse food, destruction of their runways, hunts, nesting places, etc., rendering houses, barns, stores, warehouses and ships rat proof, and especially the prevention of migration from an infected section. Details for a campaign for plague eradication are given by Blue in the A. M. A. Journal.

Prophylaxis in man is early discovery of the disease, and isolation of all cases, examination of all contacts for a period of seven days. The sera as prophylactics are endorsed by some writers though not by all. The dead of the plague should be cremated or buried in metallic coffins, with a liberal quantity of quick lime. The bodies must not be embalmed. Necroscopy of all dead from pneumonia, typhoid fever, and undetermined causes, during an epidemic, as these are often incorrectly diagnosed.

For description of symptoms and treatment reference should be made to text books. Any severe attack of bubos or carbuncles, with rapid death should cause suspicion, and demand an investigation of all attending circumstances.

Quicker Chloroform Anesthesis.

A German authority suggests that by simply warming the bottle from which the chloroform is taken, anesthesia is more quickly and easily produced, and with a much less quantity of the anesthetic. This is easily done by setting the bottle in a vessel of water kept at a temperature of 100 degrees F. The explanation of this is that the vapor of the chloroform, being cold much of it is deposited on the mucus membrane of the nasal and upper air passages without reaching the air passages. It is then taken up later, even after the operation is completed, and is probably one cause of many of the disagreeable after effects of the anesthetic. Because of this condition, with the warmed vapor recovery to consciousness is much quicker.

Ophthalmo-Reaction in Typhoid Fever.

Chantenesse, at a meeting of the Paris Academy of Medicine in June, 1907, reported that a few drops of typhoid toxins dropped onto the conjunctiva of the lower lid, produced redness, which reaction he believed to be a positive diagnosis of typhoid fever. The subject has been given considerable attention since then by others and the experience thus gained by more extended observation shows that while healthy individuals very rarely react to any of the bacterial toxins used in the tests, typhoid patients and those suffering from other diseases reacted to paratyphoid, colon, tubercle, and typhoid extracts, hence the conclusion was reached that the ophthalmo-reaction was of no use in diagnosing typhoid fever.

Short Papers.

Jones, of the California State Journal of Medicine, has a timely editorial in the October issue of his journal on this subject, that it would be profitable for others than the California society to heed. He holds that fifteen minute papers are long enough for most men to say all that is necessary on a subject. Reports of cases (to be read before the society) are condemned. The meat of the paper should be gathered in an abstract, a plan advocated several times in these columns. Elaborate histories and voluminous extracts from other sources may be published but not read before societies. In this connection the communication of Denslaw Lewis hereto appended is applicable. Papers should be short, sweet, and to the point.

According to Jones it is not necessary to praise every paper read. Some are poor and the truth about them would not hurt the author. Valueless discussions, that bring out nothing new are decried, but any discussion bringing out new truths should be encouraged.

The Bibliography.

Chicago, July 25, 1907.

To the Editor:—The papers read at the annual meeting of the American Medical Association often represent the results of personal experience and in many instances reference is made to the

work of others or to the author's earlier reports. The earnest student is often anxious to learn more and his efforts are greatly facilitated if there is appended to the paper an exact list of references. Such a bibliography is easily prepared if the author will think of it in time. A distinguished Buffalo gynecologist told me at the Atlantic City meeting that, in the preparation of his paper, he had spent two weeks in the Surgeon General's library at Washington. It is to be hoped that we may receive the benefit of his research in the form of specific reference so that all interested may know exactly where to look for additional information. I suggest to all essayists the great value and convenience of an adequate and correct bibliography.—Denslow Lewis, *Jour. A. M. A.*

Abstracts.

Psychic Remedies and the Irregulars.

By Martin J. Sweeney, M. D., Kane.

(Read at the meeting of the McKean County Medical Society held at Mt. Jewett, April 2, 1907.)

When I was a student at Bellevue Hospital Medical College I listened to a great many lectures, attended numerous antonical, physiological, pathological, surgical, therapeutic and special clinics, did a great deal of laboratory work and sat in a great many quizzes; in brief, I went through the routine processes that young men usually go through to acquire the degree of M. D. In all the training I received I was taught to look on the human subject as a machine, a piece of mechanism; the most wonderful machine in existence, it is true, yet, withal, a machine. I was given to understand that if I wished to practice medicine I was to acquaint myself thoroughly with the component parts of this machine in health and disease. When the machine was out of repair, when it was disabled, I was to treat it, but always in a material way, with material remedies, as one would treat any other machine. In putting it in order I was taught the value, uses and abuses of food, air, sunshine, water, exercise, sleep, climate, drugs, massage, electricity, surgery and temperate habits, but, if my recollection serves me correctly, and I believe it does, I was taught very little, if anything, of the value of psychic influences in health and disease, or of the "mysterious tenant" residing within and animating the machine itself.

Percy B. Shelley and Lord Bryon, with their wives, who, by the way were gifted literary women, were summering or wintering in Switzerland. In order to stimulate the budding genius of their wives, Byron and Shelley conceived the idea of offering a prize to the one who could compose the most weird and original tale. As a result of this competition Mrs. Shelley, I believe, wrote "Frankinstein," the story of an inventive anatomist, who, after years of exhausting trial, study and effort, constructed out of material things, a human form so perfect in all its anatomical parts that, when, at a given time, the anatomist breathed into his nostrils, he began to move, live, walk, talk, eat, and from a material standpoint, to act as other human beings did. For a time

the anatomist kept this mechanical miracle in confinement. One day, however, the automaton, eluding the vigilance of his keeper, escaped and sallied forth on a career of pillage, rapine, plunder, seduction, and universal crime, so awful in its scope and character that he became a menace to every community he visited. Cities, towns, and country sides organized posses to capture this soulless demon. They did not, however, succeed in apprehending him, and after a criminal career of several months the story leaves him, still pursued, still heaping maledictions upon his maker and pursuers, on an iceberg, floating on into unknown and uncharted polar seas. (It is a long time since I read the tale and the facts as stated may not be exact, but for purposes of illustration they are exact enough.)

The anatomist, the creator of this mechanical marvel, this monster without soul or conscience, had forgotten in his creative work the prime essential to a perfect man, the mind, the soul.

The point of the story, as far as this paper is concerned, is that it was "Frankinstein," the mechanical, the soulless, mindless man, that I studied at college. It is "Frankinstein" that is too often taught and studied in our medical colleges. The psychic part of man is either forgotten or glossed over with a few cynical words or flourishes. Most of us, under the influences of a strict materialism, are still treating the man, the body. We forget that mind, or soul, or psyche, and the living body are one and indivisible, and that the body can not be treated intelligently or successfully apart from the mind. We are, nevertheless, dazzled by the "glittering achievements of science," the findings of pathology, bacteriology, chemistry, physiology, macroscopic and microscopic anatomy and by a thousand and one scientific theories of disease based nearly always on material things. We study our patients with "one eye" only, "The practical, the material eye, which looks only upon the body, instead of viewing them with both eyes, one for the body, one for the mind; the one eye imaginative and philosophic, the other practical and observant," the two combining in the mind of the physician to form a clear-cut mental photograph of the individual case. Most of us realize this; some of us know it; but few of us observe it in our daily practice. Little by little as the years have slipped by, I have been forced to admit to myself, if not to my patients, that regular materia medica did not always adequately meet the needs of many patients who visited me in my offices or whom I saw at the bedside. I have realized for a number of years that there were therapeutic agencies and resources, for the most part employed by quacks, charlatans, humbugs, and itinerant physicians, more potent in many cases than any remedy I was familiar with or at least any remedy I felt privileged or competent to use.

Quacks, charalatans, new thought, higher thought, and mental science healers, Christian scientitsts, osteopaths and psychopaths, all this class, in fact, long ago recognized and appreciated the mental element in both functional and organic disease, and, while they may and usually do use some material agencies, yet, for the most part, they operate and medicate principally through the mind. Their successes are so numerous that, ridicule them and their so-called dupes as we may, the fact remains, nevertheless, that the believers in many of these forms of treatment are on the increase, they have a large clientele wherever they locate and

will so continue to have until we, through careful study and sifting, put upon a clear scientific basis, and adopt into regular medicine, the ideas that are true and good in all these cults and isms.

They lay stress on faith, hope, credulity, anticipation, assurance, personality, motive, suggestion and hypnotism. Why should not these, honorably and intelligently employed, be in our hands, just as legitimate therapeutic agents as arsenic, strychnine, electricity, massage, certain mineral waters and so on, and why should we refuse to use them? Some of the regular profession, I grant you, are using and have used them from time immemorial, not always wisely or intelligently, oftentimes unconsciously; but, to the vast majority of physicians, subsconcious therapeutic remedies, such as suggested, are *terra incognita*. The nonuse of psychic therapeutics among the profession is explained partly by the belief held by many that such agencies and methods are unethical, dishonorable and illegitimate. Anything that conduces to the comfort, well-being or cure of the patient, we have a right to use and ought to use whether it is a placebo, a nauseating draught, or a few magic waves of the hand. One of the most valuable therapeutic agents we possess is the personality of the physician. It has never been incorporated into the pharmacopeia, but it will be some day.

This truth was forced upon me early in my practice. I had cases where as far as the mere drug treatment of the case was concerned, I was managing according to the most approved methods, but the patient lingered and did not recover. At last I would be dismissed or a consultant forced upon me and with the same drugs, possibly a different excipient or menstruum, the patient would begin to improve at once. What effected the change? Suggestion, a new personality, new environment, new assurance, a new line of talk. More cures are wrought through psychic influences, either consciously or unconsciously administered or received, than we have any idea of.

Have you never observed how the faces of the friends and relatives of a very sick man, woman or child light up when you make your call if, perchance, you are the regular family physician and have their confidence? Have you not noted how even the patient seems better the moment you appear? Suppose a strange physician is called for one of your families in an emergency; what a sigh of relief goes up from everybody concerned when you appear and assure them that everything has been done that could be done! How many times do you hear patients say of a doctor whom they had while you were out of town, that they took his medicine but it did not help them any because they had no confidence in him! This in itself is instructive as showing that even the laity recognize the healing influence of personality.

How does the osteopath cure his cases, in some of which you have failed? Surely there must be some mysterious influence exerted on the subconscious centers of the mind which stimulates the nutrition of diseased parts and starts them toward recovery. It is a common thing to have osteopathic treatment succeed in hysteria and allied neuroses when regular medicine has failed. Surely, we are as intelligent as six weeks' or six months' students of osteopathy! Let us, therefore, in selected cases dose the body less and the mind more.

Whether we believe in "the Lydia Pinkham of the soul," Mrs. Mary Bak-

er Glover Eddy, or not, we must confess that she is one of the most powerful therapeutic agents this country possesses at the present time. Among the deluded, if we choose to call them such, are college presidents and professors, physicians, lawyers, statesmen, and prominent men in every walk in life. I grant you that the whole structure is based primarily on fraud, innocent or mercenary, but fraud or not, it expresses so plainly that "he who runs may read," the great truth that mind, speech, opinions and beliefs influence mind and body in health and disease, and that it does make a great deal of difference to the sick body what goes on in, or is introduced into, the mind of the patient by the physician.

The subconscious mind, the subliminal self as psychologists choose to call it, does materially influence and alter the nutritive processes and action of the various organs of the body. "Not a thought nor idea can take place in the mind that does not have a corresponding effect on the body." Witness the effect of sorrow, grief, bad news, anger, disappointment, and many other emotions or the counterpart of these, joy, good news, pleasurable anticipation, agreeable thought, on sleep, appetite, digestion and nutrition. "If these things can alter the action of the whole or individual parts of the body for a short time, why not for a long time and why not ultimately produce disease?" some one has asked.

"Science," according to Dr. McComb, "suggests that the subconscious self is that portion of our nature that is most closely related to the functions and organs of our physical nature. It is this self which sees that the commands of the will are carried out. It contains within itself these healing and recuperative processes that take place in silence and darkness, usually in sleep."

We all make use of unconscious therapeutics more or less, but very few of us do it consciously or intelligently. We act, and apparently feel, that the only things worth while in the treatment of disease are material agents. Our patients, however, have always been influenced and will continue to be, through their eyes, ears, nose and mouth, as well as through their internal organs, and therefore, what we are, what we say, what we do, how we do it, what the drug looks like and tastes like, have fully as much to do in effecting a cure as the action of drugs on the body itself.

I will admit that this country is under the influence of a great psychic wave, and that one is apt to be carried away by it, but underneath the foam caused by the wave, are various deep and underlying pebbles of truth which you and I ought to bring to the surface and fathom. The United States is filled with clairvoyants, soothsayers, mental healers, Christian scientists, osteopaths, psychopaths, astrologers, mystics, *et di genus amne,* whose main design is to divorce the public from a little of its surplus cash, but each of these cults has a certain element or kernel of truth in it, else it could not appeal to large bodies of people over any considerable portion of time, and it remains for you and me to discover and utilize this truth in an intelligent and honorable way for the benefit of mankind.

These cults and isms meet with their greatest successes in the treatment of that protean disease or symptom complex called hysteria. My teaching was that hysteria, enucomimesis, was an affection for the most part within the control of the patient, a something that could be put on or off like a coat at will,

and was to be treated, if treated at all, by bluff subterfuge and distinguished disrespect. I was also taught that while it occurred occasionally in men, for the most part it was the proud possession and peculiar prerogative of the sex with the uterus. I have, however, learned through experience that it respects neither age, sex, race, creed, climate, nor previous condition of servitude. Now this bizarre, this kaleidoscopic disease, afflicts countless thousands; in fact, it enters more or less into every disease, this moral egotism, and it is from this army of afflicted that quackery principally makes its living.

The regular profession is too apt to look upon the subjects of hysteria as though they were a band of malingerers with a group of studied and premeditated symptoms, acting from design to confuse and befuddle friends, relatives, and even the physician himself. We tell them or, at least, their friends, that their troubles are imaginary and think we have acquitted ourselves creditably and honorably whether the patient gets rid of his imaginary trouble or not. Personally, I do not believe there is such a thing as imaginary pain. A patient either has a pain or he has not. Pain may arise through suggestion by way of the subconscious mind, without functional or organic disease as a source, but such pain may be as real to the patient as the pain from a bruised nerve.

The hysteric is seeking relief from symptoms and not esoteric, etiologic reasons why he should continue to carry them around with him as heirlooms from the dear departed. Right here is where you get off and the irregulars with patience, interest, sympathy and suggestion get on.

Now why have I taken up so much time in such an irregular way and on such an unscientific theme? It is a protest against the country practitioner or any regular practitioner, in fact, ignoring or refusing to treat in a psychic way the psychic part of his practice. It is a protest against the exclusive laboratory methods as taught in our schools. We hear much of new germs, their size, shape, motility, and how to stain them; we hear much of new drugs emanating from French and German synthetic laboratories; new treatment of typhoid, pneumonia, and appendicitis confronts us constantly at medical societies, in the magazines and in our text-books; the moral beauty of our ethics, the greatness of our scientific achievements are chanted world without end, amen; but while we are busy talking of and experimenting on man, the machine, and proclaiming to the world what wonderful fellows we are, the great body of irregulars is developing the much neglected psychic side of our profession.

There has never been a new cult or ism or pathy from which we have not learned something of benefit to mankind. Let us take to heart the lessons in the efficacy of unconscious therapy which are now being taught by so many irregulars. Let us take more interest in the patient and less in his disease more interest in John Jones alive than John Jones, an interesting case, but dead.

Anything that we give to, or do for the good of, the patient and not for the good of the doctor is regular, is legitimate, whether we subtracted it from Mrs. Eddy's Christian science, Madam Blavatsky's theosophy, the Kirkville school of osteopathy, or the veriest medical quack in existence. I consider it a pity to turn over to the patent medicine venders, quacks, charlatans, religious poseurs, and all this class, an

ever increasing number of sufferers each year, simply because we do not deign to use therapeutic measures with which we are as fully acquainted and competent to use as they.—Pa. Med. Jour.

Follicular Tonsilitis.

Taylor in an editorial (Med. World) gives this treatment of Follicular Tonsilitis as being very satisfactory in his hands. He claims it to be an admirable tentative line of treatment in those cases seen for the first time, in which the diagnosis as between tonsilitis and diphtheria is in doubt, as it follows the indications in both.

The technique is given in his own language:

"We have the patient dissolve a tablet containing ⅛ to ¼ gr. each of calomel and sodium bicarbonate (the quantity of calomel being regulated by the severity of the attack and the age of the patient) on the tongue every hour. We 'swab' the tonsils every hour, thoroughly, with pure peroxid of hydrogen. These are alternated, so that the throat is treated every thirty minutes. We give to an adult, and to children in proportion, every half hour until the "fever drops"; or six doses are taken:

Acetanilid	2½ grains
Camphor monobromate	½ grain
Caffein citrate	½ grain
Sodium salicylate	1 grain
Extract hyoscyamus	⅛ grain
Tincture gelsemium	2 minims

"The fever quickly disappears; a cathartic action is secured; the malaise vanishes; the 'plugs' of cheesy material (or the membrane) are dissolved from the tonsils; and, generally, within 48 to 72 hours the patient is ready for duty. We have been unable to parallel these results by any other form of treatment."

Surgical and Medical Gynecological Diseases

Chase, in a paper before the Brooklyn Medical Society (N. Y. State Journal, Nov., '07), considers the scope of medical and surgical gynecology from the modern standpoint. The foremost gynecologists of the day prefaced their work by years devoted to general practice. The attempt to divorce medicine from surgery has led to a want of unanimity in the profession on some points. This is impossible and militates against the best interests of patient and profession.

Chase gives three indications for non-surgical treatment of these cases as follows:

"First, that specific treatment which precedes and prepares the patient for operation. On the conditions and limitations of such treatment is not my purpose to speak. Second, that wider medical treatment which is necessary to increase the muscular and nervous strength of the patient to put her in the best condition for operation. In my opinion some operators have not only neglected but practically ignored the necessity for such restorative treatment. The time element has been almost eliminated. In the exhaustion following septic states, puerperal or non-puerperal, in the debility incident to chronic suppurative disease of the pelvic organs, and in the prostration following long continued uterine hemorrhage, the vitality and powers of normal resistance are so impaired as to demand time for restoration if the best results are to follow operative interference. Without such preparation the risk of operation is manifestly increased, and the skill of the expert operator may fail of its beneficial purposes. Third, that treatment which looks with

expectation to the restoration of the patient without recourse to operation, and which is entitled to most serious consideration. In this class of cases, if operation becomes needful, the patient will not lack thorough preparation."

The treatment is taken up under three heads — hygienic, dietetic, and medical, and surgical interference should not be delayed too long, if palliative measures fail to relieve. The loss of blood contributes more to chronic invalidism in women than any other one cause except perhaps gonorrhoea. So fibroids, myomas, incipient cancers, etc., should be removed early.

His conclusions are as follows:

"To recapitulate some of the topics considered it may be remarked, first, that a subdivision of work into specialties is in keeping with the general sentiment of the time, but that the mature judgment necessary for such work should include knowledge of and long experience in the practice of general medicine and thorough mastery of a special topic under competent masters. Second, that while some practitioners have given undue prominence to the surgical aspect of these cases, others have been equally derelict in failure to recognize the inadequacy of medical treatment and the necessity for prompt surgical interference, and that such delay has too often contributed to avoidable mortality. Third, that while medical and surgical gynecology have their distinct fields, their mutual relations and inter-dependence should never be lost sight of. Fourth, that in gynecology, as in other specialties, the ideal will only be attained when the individual specialist has developed, by proper training and experience, equal skill and judgment in the conduct of both medical and surgical cases."

Ophthalmia Neonatorum.

Lewis read before the American Association of Obstetritians and Gynecologists at its last annual meeting, a paper on this subject of more than ordinary interest (*Buff. Med. Jour., Jan.,* '08). He reviews the teachings of Crede as to prophylactic measures and arraigns the profession and midwives for want of proper care in the treatment of the eyes of the newly born. The gist of the paper is given in the author's summary

1. To secure the enactment of laws in each State or Federal territory placing the supervisory control and licensure of midwives with the Boards of Health; requiring that these unqualified practitioners be examined and registered in each county and that they be required to immediately report each case of ophthalmia occurring in their practice under penalty, if found guilty, of forfeiture of their license and a fine.

2. Distribution by health boards of circulars of advice to midwives and mothers giving instruction as to the dangers, method of infection, and prophylaxis of ophthalmia neonatorum.

3. The preparation and distribution by health boards of ampoules or tubes containing the chosen prophylactic. For midwives 1 per cent. solution of nitrate of silver is almost universally recommended by obstetricians and ophthalmologists. For physicians the Crede solution should consists of a 2 per cent. solution of chemically pure fused nitrate of silver. If used as directed by Crede, one drop from a glass rod ⅛ of an inch in diameter, it is free from excessive irritation and absolutely safe. To insure purity of the drug and accuracy of dosage the Crede solution should be given freely to physicians who make application therefor. This, however, should be merely advisory.

The health department should be free to use such prophylactic as it may deem best.

4. Periodic report to Boards of Health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorun that has occurred in their practice, whether or not a prophylactic was used—if so, what—together with the result.

5. The accomplishment of these measures by the appointment of committees through the various state and county societies whose cooperation would make concerted action possible.

6. To secure these ends the requested cooperation of the American Association of Obstetricians and Gynecologists, the Academy of Ophthalmology and Oto-Laryngology, the American Ophthalmological Society, the American Ophthalmological Society, the American Public Health Association, and such other organizations as may appoint committees on ophthalmia neonatorum.

If this plan of campaign be agreed upon with such modifications as obstetricians, ophthalmologists, and sanitarians may suggest, then a united and coordinated effort should be made to carry it into effect. If we would protect the babies—future citizens of the United States—from the poverty and misery of needless blindness, we must join hands and form a cordon reaching from Maine to Alaska and from the Great Lakes to the Gulf. The machinery is already in existence. It is but to act.

To what nobler work could the splendid organization of the American Medical Association lend itself than in furthering such a cause. Such an organized and concerted movement steadily and effectively at work throughout the length and breath of the land, would mark a new era in which the sodality of medicine would become the chief factor in a social uplift. It would bind the fraternity together with closer ties in an effort to shield humanity from its own follies and fralities. It would practically abolish ophthalmia as a cause of blindness, thereby saving millions to the commonwealth and immeasurably increasing the happiness and efficiency of humanity throughout the world.

A Contribution to the Diagnosis of Pleuritis.

(*The Archives of Diagnosis.*)

Hartwig states that exudative pleuritis is frequently unrecognized in its early stages, even by experienced physicians because the text books state that a liquid interposed between the chest wall and pleura, being a poor conductor of sound, must of necessity reduce the intensity of the respirory sounds. That whenever there exists an agglutination of the pulmonic and costal pleura to some degree the opposite really takes place; sound conduction becomes enhanced and tubular breathing may be heard over the pleuritic area. The tension or rather compression of the liquid exudate makes it act like a solid body with the result that the respiratory sounds are louder over the affected area than elsewhere. The aspirator should be employed when there is a possible pulmonic infiltration coexisting with symptoms pointing to pleurisy. The most reliable early symptoms of exudative pleuritis I think is the obliteration of the intercostal depressions. In order to recognize this phenomenon at an early period, inspection of the chest should ensue from some distance and both, front and back, should be carefully scrutinized. If the pleurisy

exists on the right side only, the shifting of the apex beat—in the absence of cardiac hyperthrophy—is another reliable symptom. In left-sided pleuritis this phenomenon is not sufficiently pronounced to be of any value to the examiner.

He reports a case which was not recognized because the aspirator needle was too short, also another case in which a long needle pierced an abscess of the spleen, instead of a supposed empyenia.

Advantages of Abduction of the Arm in the Treatment of the Shaft of the Humerus.

Savariand in a translation for the Railway Surgical Journal from La Presse Medical, states that his treatment for the reduction of fractures of the middle of the humerus or its upper third is by the aid of continuous traction, followed by the application of a plaster cast. His method for applying the cast is as follows:

1. Traction is exerted obliquely by a rubber tube fixed close to the floor, for example, on the foot of the bed.

2. Counter-extension is carried out by an assistant who pulls the patient's trunk to the opposite side, at the same time molding the scapular part of that apparatus to the shoulder. This avoids vertical counter-extension. I have noticed that extension with this elastic tube is gentler, easier to graduate, and always better borne by the patient.

3. Owing to the abduction of the arm, the plaster bandage is easily brought under the axilla and the bandage unrolled without causing any pain, which is essential for good reduction. On this account also, coaptation is easier. Nevertheless, while the plaster is drying, care should be taken to coapt the fragments, the palms of the hands acting as splints. The assistant carrying out counter-extension in addition to molding the shoulder hastens the drying of the plaster by the application of hot towels.

4. The dressing finished, the elbow is kept in position by a small cushion, held up by a band passing over the sound shoulder.

A Contribution to the Diagnosis of Renal Tuberculosis.

(*Annals of Surgery.*)

Campbell claims that a surgeon should recognize that tuberculosis of the kidney is a blood infection, rather than an ascending infection from the bladder. That it may be and often is a primary rather than a secondary manifestation and may affect one kidney, while the other remains free. That the only promising treatment is excision, hence early diagnosis is of prime importance. That the cystoscope and ureteral catheter offer us the strongest support, not only in the diagnosis, but also in the prognosis, by giving us information as to the presence of the disease and the condition of the bladder and the other kidney.

Placenta Praevia.

Hill read at a recent meeting of the New York Academy of Medicine (Jour. A. M. A., Jan. 7, '08), a paper on the Frequency, Mortality and Treatment of Placenta Praevia, in which he holds that the frequency of this complication of pregnancy is 1 to 225, and as there are no means of prophylaxis, this ratio is not influenced by the obstetric art.

The first and only prominent symptom is hemorrhage, and it is the duty of the physician in any case of hemorrhage of any degree in the last third of gestation to satisfy himself of its source. For a diagnosis the os must be dilated

sufficiently to admit a finger. If no low implantation of the placenta is recognized, there is premature seperation, and in either case, emptying of the uterus is the indication, and the dilating of the os is but the first step in accomplishing this. Before viability, and mild symptoms, expectant treatment may be instituted, with careful watching. After the seventh month we must not be mislead as to the symptoms as there is no rule as to what will follow.

The author has treated 8 cases which are fully tabulated, and these together with an examination of several other published series, gives him the following deductions:

"1. Among multiparæ placenta prævia can hardly be called a rare complication. In 1,800 cases, of which 87 per cent. were multiparæ and the average number of pregnancies 4 plus, I have found the ratio to be 1 to 225.

"2. The mortality has been understated recently because of too broad generalization on a few highly favorable case reports.

"3. There has been very little reduction in the fetal death rate, which is still from 40 to 50 per cent.

4. In the presence of hemorrhage in the last third of gestation the cervix should immediately be dilated sufficiently to allow of a diagnosis by the finger, and if placenta prævia is present the uterus should be emptied without delay.

"5. Tamponade of the cervix and vagina is useful as a preliminary step.

6. The Braxton-Hicks version is effective in controlling hemorrhage and is the safest procedure for the mother, but it does not give satisfactory results for the child. When the dilatability of the cervix makes us positive that delivery can be effected with little or no tearing of the cervix we may elect rapid delivery by version or forceps, packing the uterus and vagina if there is bleeding after the third stage.

"7. In cases presenting long, rigid cervices, complete prævia and a viable child, if the surroundings are favorable, Cesarean section should be chosen in the interests of the child.

"8. The advance in treatment for placenta prævia has been remarkable in reducing the maternal death rate even though the saving of the patients has not been brought so near to being an exact science as some authors would suggest. It would seem that progress must be directed to decreasing the fetal mortality."

Gastric Ulcer.

W. F. Cheney, San Francisco (*Journal A. M. A.*, February 8), holds that many cases of so-called chronic dyspepsia, characterized for weeks or months by flatulence, water-brash, burning and distress after food, where the epigastrium shows tenderness and the test-meal hyperacidity, are in reality gastric ulcer, even when the feces show no occult blood. If, in such cases, a month's ordinary treatment for the condition does not cause improvement, he has learned to insist on a rigid course directed to the cure of ulcer, even though no positive evidence of its presence has yet appeared. He reports several cases and gives his conclusions, not from these merely but from his experience with the groups they represent, substantially as follows: 1. There is an early stage of gastric ulcer, lasting for weeks or months, during which rigid medical treatment can effect a cure; but its clinical picture does not correspond to the classical one and the diagnosis at the time must be inferred rather than positively demonstrated. 2. In the later

stage, commonly described as gastric ulcer, the symptoms are really due to complications rather than to the original disease; (*a*) to perigastric adhesions: (*b*) to pyltoric stenosis; (*c*) to gastric dilatation and retention ; (*d*) to localized peritonitis; (c) to the opening of a large blood vessel; (*f*) to perforation of the stomach wall; complications beyond medical treatment and falling into the surgeon's domain.

Guaiaeol Treatment of Pneumonia.

In the Therapeutic Gazette, Jan. 15, '08, Dr. M. G. Cain, of Epping, N. H., writes entertainingly on the above subject. He has treated fifty consecutive cases of pneumonia with guaiaeol without a death. His method of application is to rub from 5 to 30 minium into the skin of any portion of the body, the abdomen being the best location unless there should be marked pain in the chest, when this drug is applied largely over the seat of the pain which it quickly relieves. The drug is dropped slowly from a medicine dropper and rubbed in with the tip of the finger, and much will be absorbed by the finger unless care be taken. The average dose for adults is 20 minims and 10 drops for a child one year old. This dose is absorbed in one or two minutes. In about an hour the patient perspires freely, and other conditions are improved, the temperature dropping from two to four degrees in four to six hours. The dose is not repeated oftener than every twelve hours and usually a smaller dose is needed than the first, provided the first one was large enough to produce characteristic results. The average number of doses is three to four, many cases requiring only two. The drug modifies the action of the heart, and care must be exercised in its use.

No theory is advanced to explain its action in aborting pneumonia—the bare fact is stated that it has done so in 50 consecutive cases many of which were seen in consultation. The doctor's first experience with Guaiaeol was in cases of tuberculosis, when he found that it seemed to produce the full effect of creosote without its disadvantages, and this experience led him to use the drug in pneumonia with the happiest results.

The Value of Elimination in the Treatment of Certain Forms of Epilepsy.

(*Va. Med. Semi-Monthly.*)

Hodges states that when the primal etiological factor of epilepsy shall be determined he believes that the most tenable theory as to etiology will be a condition that will be at least dependent upon deficient elimination, with the resultant toxic effects upon the nerve centers. He reports three cases, that he chose from his office practice and sent them to his hospital for six weeks. The three were having from two to four attacks a week when not under large doses of bromides. The urine showed a large amount of indican and a deficient amount of urea. The treatment consisted of small doses of bromides and a gradual reduction of salt in an aseptic diet until complete dechlorization was secured with accesory methods such as free water drinking, light exercise, massage, baths, etc. The improvement in each case was marked both as to seizures and general health, one has had no return and the other two only slight inconvenience at long and irregular intervals.

The Practical Value of Studies of Blood Coagulability.

The International Jour. Surgery in an editorial states that the recent literature on blood coagulability has served to emphasize not only the desirability of acquiring further knowledge on the subject but also the inaccuracy of the investigations thus far reported. None of the methods or apparatuses used up to the present time have any claim to practical utility, the coagulometer devised by Wright being most used. But, in spite of the marked divergence in opinions of the different observers, considerable data of real value are being accumulated. In obstructive jaundice it has been found that the coagulability of the blood is delayed up to twenty-minutes, in hemophilia up to thirty-three minutes. In typhoid thrombosis the coagulation time was much shorter than normal. Calcium lactate seems to give the most uniform results in decreasing the coagulation time of the blood, while citric acid seems to be the most reliable remedy for diminishing viscosity. Wright and Knapp have advanced the opinion that thrombosis which frequently occurs during the period of convalesence from typhoid fever is the logical result of the usual exclusive milk diet. This is based on the excess of calcium salts which is known to result from the long continued use of milk.

Pulled Elbow.

(*Post Graduate.*)

Heckman reviews the various theories that have been advanced to account for what has been styled a nursery accident. The usual history obtained is that the child was grasped by the hand or forearm, suddenly, to save it from falling, or to lift it over a curbstone. The child begins to cry and the affected arm hangs down slightly away from the side, slightly fixed at the elbow and the hand in pronation. The child complains of pain in the whole arm, more in the wrist than in the respective elbow. In the 32 cases which have come under the writer's observation he has been struck with the fact that most of the patients are acmemic, under nourished girls with flabby muscles, several of the cases having a congenital dislocation of the hip, there also seems to be a special proness for the lesion to recur. He believes the lesion to be a sublaxation of the head of the radius caused by the weakness of the capsule, ligaments and muscles. The treatment consists of forcible extension and supination of the forearm.

Bacterial Inoculation in the Treatment of Gonorrhoea.

(*Am. Jour. Dermatology.*)

In 32 cases of Gonorrhoea extending over a period of 13 months, Hutchings endeavored to determine: 1. Is the opsonic index necessary to successful treatment? 2. Must a personal vaccine be employed; that is, a vaccine prepared from the germ present in the individual case? 3. Can stock vaccines be employed with as good success as personal ones? 4. Do certain strains of gonococci possess greater immunizing properties than others? 5. Can bacterial inoculation be employed to the exclusion of other therapeutic measures?

He states that he thinks that the course of acute urethritis is materially shortened and complications are less likely to occur when vaccines are employed together with other treatment. He can also say: 1. That while the opsonic index is not necessary to success-

ful treatment it is of great aid when properly carried out in gauging the amount and frequency of the dose; 2, that personal vaccines have shown no marked superiority over stock vaccines; 3, that no particular strain has shown any superiority over any other strain in immunizing power; 4, that better results are secured when other treatment is combined with bacterial inoculation.

The Treatment of Anemia.

Meltzer, in the Journal of the A. M. A., Aug. 24, 1907, discusses a simple method of treatment of pernicious anemia based on theadvanced view that in many cases the disease is due to an infection or an intoxication from the gastrointestinal canal. Quite recently Herter has made the discovery that in the intestinal tract of such patients certain specific putrefactions are going on caused by the activity of anaerobic bacteria, and that the baccilus capsulatus aerogenes of Welch, is greatly in evidence in the feces of these patients, and disappears when the patients recover from their anemic condition.

The fact seems to be established that in certain cases of pernicious anemia the anemic symptoms ran parallel to the presence of anacrobic bacteria in the intestinal canal. Herter recommends thorough and high irrigation of the colon, as an important remedial measure and cases have been reported of cures by this means, when all other treatment was resisted. The author takes the position that tonics, iron, etc., are of great value but he points out particularly the value of lavage of the colon, and the stomach also in suitable cases and the excluding form the diet of animal proteids.

A New Technique for Dealing with the Appendix Stump.

(*Annals of Surgery.*)

Barrett states that numerous cases of appendicitis are operated upon to relieve minor but persistent or oft recurring symptoms. To encourage the acceptance of surgical relief before the severe attack occurs, the operation should have the following advantages: 1. It must be safe. 2. It must reach the appendix through as small an opening as is consistent with good work. 3. No considerable stump of appendix should be left outside or inside the bowel. 4. The stump should be dealt with in such a way as to have no opportunity for leakage of feces or possibility for hemorrhage or subsequent adhesions. 6. The above should be attained without tedious sewing or undue manipulations. His technique for dealing with the stump is as follows: The mesoappendix is clamped, tied and cut so that the appendix stands up directly from the bowel. A straight or curved needle threaded with number two catgut enters the tissue at the junction of the bowel and appendix one-fourth the circumference from the mesoappendix. It is made to enter the deep structures and yet avoid the lumen and come out on the opposite side of the appendix. It is then made to enter very close to its exit, sweep around the opposite side and emerge close to its former entrance. The appendix is cut between two clamps and the crushed stump carried into the bowel with a forked appendix tucker and the ligature drawn tight. The stump is overstitched with a Lambert sutures.

H. H. Young, Baltimore (*Journal A. M. A.*, February 15), reviews the statistics of the mortality of prostatectomy during the last five or six years, quoting particularly from Freyer, whose experience with the operation has been greater than that of any other surgeon and whose results have been the best yet obtained in any extensive series of suprapubic prostatectomies. They admirably illustrate the progress that has been made in the technic and success of this operation. Young's own experience of over 300 cases of perineal prostatectomy shows a regularly decreasing mortality till in the last 103 cases there has not been a single fatality. In figuring his mortality he has included every death that occurred in the hospital, and no patient was allowed to leave who was not in good condition. It was his practice to operate in practically every case regardless of the gravity of the complications, renal or otherwise, if the patient did not improve on preliminary treatment, catheter drainage, etc. Young believes that the lessened mortality has been due to the simplification of technic and the postoperative treatment. In nearly all cases the operation was performed early, and he has come to the conclusion that preliminary treatment is rarely helpful. Renal infection is best treated by good vesical drainage (plus internal remedies), and this is best furnished after removal of the prostate through the perineum. Even when there is large distension with residual urine, immediate operation works well without protracted preliminary catheterization. In such cases renal suppression should be guarded against by the administration of plenty of water by the mouth before operation and by infusion and enemata afterward if needed. His results have been excellent as regards bladder control; and he thinks that failure in this is due to the operator and not to the operation, and agrees with Freyer that incurable atony of the bladder muscle is practically never encountered. Likewise, as regards retention of sexual power, his results have also been good. The ejaculatory ducts, the vesical sphincter and the external sphincter can be preserved intact in almost every case. The improvement in the mortality rate is attributed by him not only to the simplification of the technic, the use of instruments suited to the diameters of this region, and the careful determination of the exact conditions by prior cystoscopic examination, but also by the simplification of the postoperative treatment. During the last two years it has been the rule to remove the guaze packs on the morning after the operation and the tube drains in the afternoon, and on the next day the patient has usually been placed in a wheeled chair and carried out of doors. This has been the rule, even with rather sick patients, with marked benefit. Almost all patients are encouraged to walk within a few days. Prostatectomy, Young says, is no longer to be considered an operation of last resort. The fact that it can be performed with practically no danger, and with perfect functional results, should lead to its earlier adoption, not only in cases of hypertrpohy, but also those of severe chronic inflammation and cancer of the prostate. For these last named conditions he believes the perineal route is best adapted. With early diagnosis he thinks that many radical cures of cancer can be obtained, and if practitioners would more generally examine the prostate, especially in every case in which the complaint is below the diaphragm, many early diagnoses would be made.

The Etiology of Epidemic Poliomyelitis.

(*The Archives of Diagnosis.*)

Sinkler states that a large majority of cases of poliomyelitis occur during the summer months. In a study of 509 cases treated at the Philadelphia Orthopaedic Hospital, 34 cases occurred during the winter months, 43 cases in the spring, 274 cases in the summer, and 136 cases during the autumn months. The first reported epidemic occurred in Louisiana in 1843, a number of epidemics have since occurred in some of which the domestic animals have been affected. He states that it is evident that a large majority of cases of sporadic poliomyelitis occur during the summer months, and all of the epidemics which have been recorded, in which the season of year of the occurrence is given, took place in hot weather. The nature and progress of the disease indicate clearly that it is due to an infection. It is obvious, therefore, that the micro-organism which produces the infection, is one which is developed by hot weather. A large proportion of cases have some form of intestinal trouble. Dr. Gibney writes me that nearly 60 per cent. of 100 cases analyzed by him, had some form of intestinal or gastric disorder. It seems probable, therefore, that the micro-organism producing the disease has found its entrance into the system through the intestinal tract and thence to the spinal cord.

Rachitis.

T. S. Southworth, New York City (*Journal A. M. A.*), deplores the lack of attention by parents and physicians to the early symptoms of rachitis. It is a disease of the well-to-do as well as of the poor, and it is an error to assume that because some of the typical symptoms may be lacking the disease is not rachitis. The beading of the ribs comes nearest to being a constant sign, and the abnormal softness of the thoracic walls may be first apparent from the sinking in of the chest walls during inspiration in some acute respiratory affection. This is a serious handicap to the child, increasing the danger of pulmonary disease and crippling the respiratory function. This softened thorax and the nervous instability of the disease are the greatest dangers and make the prophylaxis most urgent. The disease may begin before the fifth month; just how much earlier is uncertain. After that it is recognizable with increasing frequency and may be most marked during the second year. It should be the physician's duty to detect the condition in its incipiency, even in nursing infants, when he should endeavor to improve the hygienic conditions, especially by attention to the mother's diet, checking the tendency to prolonged lactation and other remedial measures. While in the earlier months prophylaxis and treatment are practically the same as that of malnutrition in general, after the fifth and sixth month certain measures begin to have a definite value. Fresh orange juice has a beneficial effect in rickets as in scurvy, and at this period or even earlier it is well to begin the use of pure cod liver oil, beginning with small doses and increasing with tolerance to half a dram three times a day. More attention should also be given to securing an adequate supply of proteid in the infant diet, and by the seventh month the administration of beef juice once daily or the white of one egg will be of assistance. In older children who have entered on their second year scraped rare meat pulp and soft boiled

eggs are useful. The intelligent management of starch-containing foods is important, but it is not necessary to cu them off entirely when any considerable degree of intestinal indigestion an l distension is not present. The value of cod liver oil given for long periods is incontestable. It is also one of the best mediums for the administration of phosphorus, which Southworth considers a valuable remedy to cut short the more acute symptoms and especially for the rachitic instability of the nervous system. Its effects on the osseous system are less promptly apparent, and this, he thinks, may account for its disuse. His combination of it with cod liver oil has been more effective than cod liver oil alone, and he can recall but two cases in which he suspected it was not well borne. He asks for a further consideration of the special value of phosphorus in cutting short the acute and progressive stage of this disease.

Skin Grafting Without Anesthesia.

(*Med. Record.*)

Rose advocates a more general use of skin grafting and states that it can be easily and safely done without an anesthetic. The instruments needed are a sharp razor, a small flat-ended prop or curette to spread them with and either a rectangular block of wood 3x2 x1 inches, or a good sized glass syringe to level and stretch the skin with. The assistant stretches the skin sideways around the leg to help put the skin on the stretch and to diminish the sensitiveness. By holding the razor nearly flat and with a sawing motion a thin layer of cuticle of the desired length can be obtained. This is transferred directly to the wound by means of the probe. The edges of the graft should overlay each other and also the edges of the wound. He gives the following directions for applying the dressings:

(1) One sheet of silver leaf laid carefully over the grafts. (This material may be obtained where painters' supplies are sold.) (2) A lattice work of strips of silk protective tissue about half an inch in width, and long enough to extend an inch or two beyond the margins of the wound. They should be wet in the salt solution and applied gently. When dry they adhere to the skin, and so fix the grafts firmly from all directions. Do not imbricate them. (3) Two or three thicknesses of gauze, either dry or wrung out of salt solution and laid smooth. (4) A moist gauze bandage should then be laid very evenly and quite firmly over the grafted area, extending some distance above and below. This completes the inner dressing. (5) Then an abundance of dry, fluffy gauze or absorbent cotton. (6) A splint of wood, or plaster-of-Paris, if necessary, to prevent movement of the parts. (7) An outside bandage applied loosely all over. This completes the outer dressing.

"There is a decided tendency to limit evidence of rheumatism to uric acid conditions in joints, fibrous structures, voluntary muscles and cardiac membranes. But the uric acid state probably acts upon the most susceptible part of the organism and hence it may affect perceptibly almost any tissue or part of the body, most prominently joints, ligaments, muscles, skin, throat, teeth, eyes, ears, urethra, intestines, the serous membranes generally, the excretory mucosae and the nervous system."

It will thus be seen that Tongaline is indicated in many diseases for which it is not always used, as there is no more reliable remedy for the prompt and thorough elimination of uric acid.

Book Reviews.

Progressive Medicine.

PROGRESSIVE MEDICINE—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Prof. of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by H. R. M. Landis, M. D., Asst. Physician in the Out-Patient Department of the Jefferson Medical College Hospital. No. 1 of Volume X, March 1st, 1908. Published by Messrs. Lea & Febiger (successors to Lea Bros. & Co.), Philadelphia and New York.

The first issue for 1908 of Progressive Medicine (quarterly) is now on our table and proves to be an interesting number. The contributors are Floyd Crandall, M. D., Arthur B. Duell, M. D., Charles H. Frazier, M. D., Braden D. Kyle, M. D., Robert B. Preble, M. D., and the general topics discussed are: Surgery of Head, Neck and Thorax, Infectious Diseases, including Acute Rheumatism and Croupous Pneumonia. The Diseases of Children—Rhinology and Laryngology and Otology.

Any attempt to review this volume in the space at my disposal would fall far short of giving it justice. Progressive Medicine is one of the very best current publications and *every* progressive doctor should study every number closely and place them in his library for reference. Its name indicates its scope. It contains a carefully prepared review of the best that is new in regard to the subjects treated, and the student practitioner by studying Progressive Medicine can learn of the advances being made by other student practitioners from all quarters of the globe.

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In revising the "Unabridged" in the preparation of the plates for the International a close comparison was made of a whole library of the most recent authoritve works in philology and in all branches of knowledge that include new usages of words, technical subjects being handled by eminent specialists and their contributions have been carefully harmonized in form with the general principles of the revision.

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Chief Justice U. S. Supreme Court.

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The February number of the Annals of Surgery is devoted to general subjects. The leading article is a study of Ludwigs Angina by Thomas; the next and most exhaustive article is Experimental Surgery of the Lungs by Robinson. In this article the author describes the apparatus which he has improved upon for positive pressure within the lungs or negative pressure around the wound. The twenty-five operations which he performed upon dogs are given in detail. There are a number of other equally interesting articles in this number.

Newer Materia Medica.

The Borderland of Disease.

There is a growing tendency on the part of medical men to recognize the pathological importance of certain, at present, little understood conditions of the blood. Some of these little indeterminable deviations from the normal present none of the aspects of the anemias, but nevertheless bear a direct relation to increased susceptibility to bacterial infection. The studies of Wright on the opsonins, so called, are of special interest in this direction, inasmuch as they have in a measure converted many of our abstract theories into concrete facts. That certain constituents of the blood may be diminished without apparent decrease of the corpusucular elements or of the hemoglobin, is at last fairly well setablished, and while the specific properties of these constituents are not as yet definitely known, there is abundant reason for attributing certain phases of malnutrition, as well as a general lowering of organic resistance to bacteria, to their absence or decrease. The clinical expression of this blood weakness, or chemico-physiologic deficiency, is subject to great variation, but the symptom-complex usually consists of a general physical decline, loss of weight, increased tendency to fatigue, and a fickle or decreased appetitie,—all

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of which go to make up a picture of what is usually loosely termed general debility. In addition, when the blood dyscrasia is marked, two objective symptoms are frequently noted. These are slight transitory enlargement of the cervical lymphatics, and a marked susceptibility of the skin to abrasions and infection. Simple injuries produce wounds that heal poorly and the processes of repair seem to be very feeble and inadequate.

This then in a general way constitutes what may be called the borderland of disease, a condition which even if it does not always precede tuberculosis, typhoid fever, pneumonia and many other diseases, certainly favors their development and tends to increase their severity.

The correction of this indefinite but none the less dangerous state of the blood is always urgent, particularly because of the favorable opportunities presented for increasing the resistance to those diseases to which it predisposes.

Regulation of the diet, careful attention to the personal hygience, and as much outdoor living as possible are the essential features of the careful treatment of this condition of blood depravity. A good tonic is quite necessary in connection with the foregoing, and Pepto-Mangan (Gude) has been found very effective. Its pronounced hematogenic action is well-known, and the rapid hematosis which result from its administration unquestionably has a decided influence in coincidently raising the relative immunizing power of the blood. Reparative processes in wounds are stimulated, simple glandulous swellings disappear, and tangible improvement in the general bodily nutrition rapidly follows. All this is accomplished, moreover, without placing the slightest tax on the digestive tract, and the patient is thus able not only to derive the fullest benefits from every effort in his behalf, but the course of his recovery is progressive and unbroken. His vital resistance is materially raised and the balance of functional vigor restored to the normal. That the extent to which this is accomplished measures the decreased liability to infectious disease, can no longer be doubted.

A New Method of Testing the Functions of the Digestive Apparatus.

Einhorn (Therapeutic Gazette, January, 1908) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances.

Practically this test is made as follows: Patients are given in a gelatin capsule a string of beads with the following substances attached thereto: catgut, fish-bone, meat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool-sieve until the bead-string has been recovered. If diarrhea is present the sifting may not be necessary, as the bead-string can readily be seen (usually at the bottom of a glass vessel).

Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal we find that catgut, meat, and potato (except the skin) disappear entirely, thymus and fat almost entirely, whereas the fish-bone usually disappears, but occasionally it may be present. The nuclei of the thymus always disappear. In pathological conditions deviations from

the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturbances of the digestive function).

The author divides his cases of intestinal digestive disturbances into two groups:

1. Those of pure nervous intestinal dyspepsia. 2. Those of genuine intestinal dyspepsia.

In that great class of cases of intestinal dsypepsia, in which the starch digestion alone is disturbed, Taka-Diastase (Takamine) has proved of especial value.

Winter Coughs—Grippal Neuroses.

That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

Antikamnia has also stood the test of exhaustive trial, both in clinical and regular practice and has bee proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore antikamnia & codeine tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, grippal conditions, etc.—*The Laryngoscope.*

Bromide Insurance.

Among the chemists who have testified to the purity of the salts entering the composition of Peacock's Bromides particularly as to its extraordinary freedom from chlorides and the absence of other usual impurities, are names of such eminent men as Edward H. Keiser, Ph. D., Professor of Chemistry, Washington University; H. Helbing, F. C. S., and F. W. Passmore, Ph. D., of London, England; Charles E. Caspari, Ph. D., Professor Chemistry St. Louis College of Pharmacy, and Edward Gudeman, Ph. D., Chicago, Ill.

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The Hygiene and Moral Education Society.

A society with this name has been formed in London for the purpose of educating the young in regard to sexual matters and to arouse public interest in regard to the medical examination of those contemplating marriage. There are to be lectures, school instruction, and the dissemination of suitable printed matter.—*Med. Record.*

Surgical Suggestions.

Acupuncture, followed by the application of the Bier cup is an excellent way of relieving dropsy of the legs.

Do not exclude the diagnosis of extrauterine pregnancy merely because vaginal examination reveals no mass in the pelvis.

The cessation of a purulent discharge from the ear should not be taken as a sign of cure. The pus may have found its way into the mastoid cells.

Washing the area around a mastoid wound with alcohol, alcohol and ether or alcohol containing 1 per cent. nitric acid, will often ward off a dangerous erysipelatous infection.

In applying the Bier treatment for deep abscesses, it is advisable to put a drainage tube into the bottom of the abscess cavity instead of trying to force the pus through a long collapsing sinus.

One should always examine the anterior vaginal wall carefully when there is any urethral discharge, for it may be due to a periurethral abscess communicating with an infected vaginal cyst.

Mobile retroflexions that resist manual reposition are often easily and painlessly corrected by placing the patient in the knee-chest position and then depressing the perineum. The sudden inrush of air balloons out the vagina and this effects the desired result.

Tenderness over the gall-bladder region, especially if accompanied by colicky pain, usually means a pathological condition of that organ. But an inflamed retrocecal appendix extending high up, hydronephrosis, acute pancreatitis, and an inflammatory condition at the pyloric end of the stomach are also to be kept in mind.—*American Journal of Surgery.*

There is such a condition as idiopathic swelling of the liver—an acute hepatitis—due to an unknown cause. The condition gradually subsides without treatment.

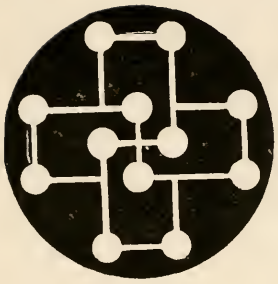
A diffuse blotchy condition of the skin should not be diagnosed as measles until a careful physical examination has been made. The condition may be the expression of a streptococcemia, as from an osteomyelitic focus.

When an operation is performed for removal of a tumor at the base of the brain, one should be careful to retract upward (pressing on the hemispheres) instead of pressing downward (on the medulla), which may paralyze the vital centers.

The application of elastic bandages to the limbs to cut off their blood supply, will increase the amount of blood going to the vital centers and, therefore, is very beneficial to patients who have to be operated upon in a condition of shock.

The palpation of pulsating vessels in the vaginal fornix of a woman who has skipped a menstrual period, will often give the clue to a possible ectopic gestation.

In rupture of an ectopic gestation sac and hemorrhage, the patient may refer the pain chiefly to the region of the right hypochondrium, and this may deceive the physician into the belief that he is dealing with a case of cholelithiasis. A careful history, vaginal examination, and the evidences of internal hemorrhage will differentiate the conditions.—*American Journal of Surgery.*



Crude Mechanical Processes

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics.*

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Selections from Our Exchanges.

Ether and Adrenalin.

Recognizing that my experience in the use of adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The Adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient.—*American Journal of Dermatology.*

When a patient is to be in bed for a long time, as in fracture of the thigh, great care must be exercised that bedsores do not form. In the first place linen draw-sheets must be made, sufficiently large that they may be firmly fastened to the sides of the bed so as to prevent creases or wrinkles forming under the body—these and dribbling urine being the most frequent causes. Whenever the sheets become soiled by urine, feces or discharge from a wound, they must be changed. As soon as the slightest redness of skin is observed the affected surface must be rubbed with alcohol (65 per cent.) and dried and then carefully anointed with glycerin; twice daily at least. Or equal parts of tincture of catechu and liquor plumbi may be substituted for the glycerin if that causes much smarting, as it sometimes does.—*American Journal of Clinical Medicine.*

At a special meeting of the Medical Association of the greater city of New York, Dr. Reynold Webb Wilcox, in discussing the action of different drugs on the heart, said: (Medical Record, Feb. 8th, 1908) "There was only one drug which both increased the force and frequency of the pulse, and that was Cactus. It was especially useful in neurotic heart and slow heart. If an active preparation was used, and such was readily found in the shops, brilliant results were obtained in appropriate cases."

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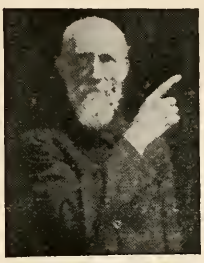

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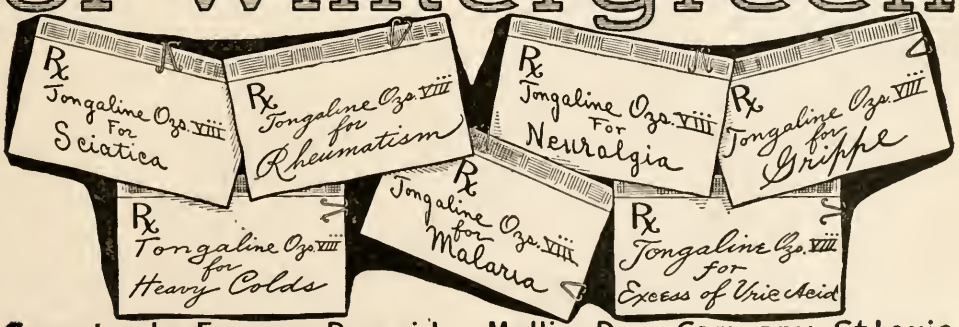
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Training in Medical Organization.

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Owing to the great infrequency of primary tuberculosis of the bladder, it is important in every case in which this disease is suspected to look for a tuberculous focus in some other part of the urogenital tract.

Before incising a pharyngeal abscess through the mouth a small, hard pillow should be placed under the patient's shoulders, so that the head will drop back sufficiently to prevent the pus from flowing downward.

If possible, drainage should be avoided in operating for tuberculosis disease of the bones, as the insertion of drains encourages the formation of sinuses. Scrupulous asepsis will generally render the use of drainage unnecessary.

When making digital pressure for the arrest of postpartum hemorrhage the aorta should be pressed directly against the spine with the ulnar side of the clenched hand. The pressure should be shifted over the area occupied by the aorta, so as to avoid any damage to the sympathetic nerve plexus.

Torsion of the testicle is often difficult to diagnose from epididymitis and orchitis. The chief points in favor of the former are its suddenness of development, the early age of most patients, and the absence of any signs of gonorrheal infection of the urethra or prostate.

Although a rigid abdomen is generally characteristic of peritonitis, this applies only to the early period of the disease, since in the later stages or in the severe septic form there is a tendency for the abdomen to again become soft and palpable without pain.

In every case of severe contusion of the lower abdomen it is advisable to determine the condition of the bladder by passing a catheter. If nothing can be withdrawn, or only a small amount of blood, there is reason to assume a rupture of the bladder. On the other hand, evacuation of a large amount of bloody urine would point to a rupture of the kidney.

One of the important points in anesthesia, which is not infrequently forgotten, is to determine before its induction whether the patient can breathe freely through his nostrils. Nasal obstruction will prove more or less of a barrier to efficient anesthetization, and under these circumstances it may be advisable to let the patient inhale the anesthetic by way of the mouth, this being facilitated by pacing a prop between the teeth.

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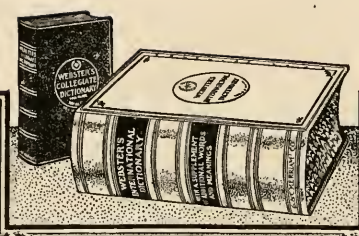

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